# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deligns necessary, please execut, the certificate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the includence of a shart. The forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File\_pages 1 and 2 with the State Baard of Health, at its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06314

	6373				Reg. Dist.	110.
PLACE OF DEATH	0010			(Where deceased lived. If		before odmission)
	Allegany	MARYLAND	o. STATE All	egany b. C	OUNTY Mar	yland
b. CITY OR TOWN (I	f autside carporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits,	write RURAL and giv	ve nearest (own)
Frostburg	3		Cum	berland		
	TAL OR INSTITUTION (If not in		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Miners	Hospital, D	. O. A.	801	Hilltop Driv	e	YES NO
3. NAME OF DECEASED (Type or print) FT	eank First	Middle E	Beachley	4. DATE OF DEATH JU	-0	19 58
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In y	1	
Male	White woo	WED DIVORCED	11-29-88	69	yrs. Months Day	s Hours Min.
Iga. USUAL OCCUPATIO	ON (Give kind of work done hing life, even if retired)	06. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (St	ote or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Conducto		team Railroad	Somerse	t Co. Pa.	U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDER	NAME		-
Ira	Beachley		Rebecc	a Queer		
15. WAS DECEASED EV	'ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. IP	NFORMANT	Α	801 Hill	Top Driv
no		IM.	irs. Annie	Beachley		
18. CAUSE OF DEA	TH [Enter only one couse per				T H	NTERVAL BETWEEN
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Ruptured Liver	. Crushe	d Chest		30 Min.
825×	DUE TO					
Conditions, if a	ny, which) (b)	Automobile Acc	ident			
gave rise to imme	diote couse					
couse lost.	(c)					
PART II. OTI	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITIO	N GIVEN IN PART 1(	
\$						YES NO
PART II. OTI	USE WAS NTRIBUTING (1) 20b. DESC	CRIBE HOW INJURY OCCURRED. (E		ort I or Port II of item 18.)		
3 20c. TIME OF INJU		od, INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fo	erm, 20f. (City or lown)	(County)	) (Stote)
20c. TIME OF INJU	6/28/58,	While Not while st vork of or work	treet, office bldg.,	Near Cu	mberland	.Alleg.Md
		he remains described aba			A, Inquiry	12.
	and the second second	al causes . Accident [			ndetermined mar	
ACTUAL	2 11:1	- 111				DATE SIGNED
SIGNATURE	VI SRUa	relie	M.D. CHIEF MEDICAL			
EXAMINER'S NAME (Type)	B. Skitare	lic, M.D.		AL EXAMINER DU	ne 28, 1	958
220. BURIAL CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City,	lown, or county)	(State)
REMOVAL (Specify Burial	7-2-58	Beachdale		R.D.1 Gar	rett.Som	erset.Pa.
23. FUNERAL DIRECTOR	S. SIGNATURE	ADDRESS	24o. RE		REGISTRAR'S SIGNA	
400	Lochus on	Berlin. Pa	DATE	JUL 2 '58	Mehern	eh

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	may be referred by the haspital ar attending physician.	0	page 3 shauld be detached far use as the burial-transit permit. Then please remave cataba papers. Pages 1 and 2 should be fifed	the
		1		
٧	'S	A15	6 (4	)
1	5M	110	1/5	7

		MARY	LAND	STATE DEPARTA	MENT OF HEALTI	H-BALT	IMORE,	18		
		6374	4	CERTIFIC	ATE OF DEATI	Н		Reg. Dist	NO6	315
1.	PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (W	here deceased and	lived. If institut b. COUNTY		before o	
	b. CITY OR TOWN ( RURAL and give n	If outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpore	ote limits, write I	RURAL and gi	ve neares	t town)
	Fro	stburg		1 month	22 Frost	burg			46	
	OR INSTITUTION	TAL (If not in hospitol, g ers Hospi		address)	d. STREET ADDRESS  56 Br	oadwa	у		(	S RESIDENCE ON A FARM? ES NO
3.	NAME OF DECEASED (Type or print)	MARIE	st	Middle H •	BENDER	4. DATE OF DEATH	JUNE	2	5 ,	Year 19 58
-	SEX			RIED NEVER MARRIED	B. DATE OF BIRTH	9	AGE (In years lost bigthday)			UNDER 24 HRS.
	female	white	WIDOW		1-25-1901 USTRY 11. BIRTHPLACE (State		27 yrs.			
100	during most of wor	king life, even if retired	1		ant Pennsyl		untry)		.S.A	WHAT COUNTRY
13.	FATHER'S NAME	55	1111	izer nestaur	14. MOTHER'S MAIDEN			1 0	* D * E	. •
	Wm. H	ard w			Mary S		an			
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	U	0402111		lress		- TO TO THE REAL PROPERTY OF T
{Y <sub>1</sub>	es, no, or unknown)	(If yes, give war or dates of s	ervice) 16	5-22-4785Br	ruce J. Bend	ler. F	rostbu	rg. Mo	d.	
7	PART I. DEA  Conditions, if a gove rise to i couse (o), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (cony. which immediate the under-	)	ne for (o), (b), and (c).]	of James				ONSE	AL BETWEEN AND DEATH - her.S.
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS		T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART	P	PERFORMED?
FIC	20g. ACCIDENT W	AS LINDERLYING T	20h DESI	CRIBE HOW INTERPROCESTED	ED. (Enter noture of injury in	Port Los Port	I of item 18 )		YE	S NO NO
CERT	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	700. 000	CALLE THOU MUSICAL SECURIOR	ED. (Eller florore or injury in	10111011011				
MEDICAL	20c, TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED 20e. P	PLACE OF INJURY (Home, formactory, street, office bldg., etc	n, 20f. (City o	or town)	(Co	ounty)	(State)
	21. I certify the alive an ACTUAL SIGNATURE	nat I attended the	decease , 19 S	ed fram Feling, and that deat	h accurred at 5725	AM, fram ADDRESS (Stre	the causes o	and an the		the decease stated above DATE SIGNE
	PHYSICIAN'S NAME (Type)	Martin R	oths	stein, M. D.	Fr	ostbu	rg, Md	e		
220	BURIAL, CREMATIC REMOVAL (Specify) Burial	6-28-58		Fibg. Memo	or CREMATORY		on (City, town,		:/	(Stote)
23.	FUNERAL DIRECTOR			ADDRESS	240 BEC	O BY DECICED	AD 2 PEC	STRAFT STOP	ATYRE	
	J. R. D	ourst, Fro	ostb	urg, Md.	DATE	IN 3 0 '5	·	redu	eh	

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VS A15 (4) 15M 10/57 6

ARYLAND S	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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C6316

CERTIFICATE OF DEATH

MA

Reg. Dist.

DECEASED (Type or print)    HARRY   R.   BIDENGER   DEATH   JUNE 28   19 58									
ADDRESS  RUBEAL good dive energy learning  OL NAME OF HOSPITAL (If not in hospital) give street odderes)  d. STREET ADDRESS  d. STREET ADDRESS  e. ISSUENCE ON A FARMA  ON A FARMA  ON A FARMA  Day  NOTIFIED THAT  NOTI	e. COUNTY	GANY	MARYLAND						
d. STREET ADDRESS    Control of the property o	b. CITY OR TOWN (I RURAL and give no CUMBE	f outside corporate limits, write earest town) RLAND							
DECEASE OF THE PRINT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISSESS CONDITION GIVEN IN PART 16)  BIDENGER  DATE OF BITCH  DATE OF	OR INSTITUTION					ON A FARM			
DISUAL OCCUPATION (Give kind of work done)  100. USUAL OCCUPATION (Give kind of work)  100. USAL OCCUPATION (Give kind of		HARRY	R.	The second second	OF	2/1			
3. FATHER'S NAME  GEORGE BIDENGER  S. WAS DECEASEDEVER IN U. S. ARMED FORCES? To SOCIAL SECURITY NO. 17. INFORMANT  MEMORIAL HOSPITAL — CUMBERLAND, MD.  18. CAUSE OF DEATH [Enter only one couse per line o) (o), (b), and (o); 19. PART I. DEATH WAS CAUSED BY IMMEDIAL EXAUSE (o)  18. CAUSE OF DEATH [Enter only one couse per line o) (o), (b), and (o); 19. PART I. DEATH WAS CAUSED BY (o)  19. CONDITION, if only, which gove rise to immediate cause (o)  19. DUE TO  19. CONDITION, if only, which gove rise to immediate couse (o), storing the under lying couse (o), storing the un	5. SEX				los <u>t birthdoy)</u>	No. of the last of			
GEORGE BIDENGER  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  MEMORIAL HOSPITAL — CUMBERLAND, MD.  18. CAUSE OF DEATH [Enter only one couse per line (o) (o), (b), and (s).]  PART I. DEATH WAS CAUSED RY.  DUE TO  Condition, if any, which gove rise to immediate couse (o), stoling the under:  Lying couse last.  (c)  DUE TO  DUE TO  Jing couse last.  ON. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Itlem 18.)  THE ETHER. NOTIFY MEDICAL EXAMINER;  ACTUAL OF INJURY Month, Day, Vear Down of work of work of work of the work o	10a. USUAL OCCUPATION during most of world	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU						
S. WAS DECEASED EVER IN U. S. ARMED FORCES? To more or distincted in process of the distinct of the dis	3. FATHER'S NAME			14. MOTHER'S MAIDEN	I NAME				
S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  The real part of data of service)  III. CAUSE OF DEATH [Enter only one course per line of (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY [MADDIATE CAUSE (c)]  IMMEDIATE CAUSE (c)  DUE TO  Conditions, if only, which gove rise to immediate course per line of (b).  DUE TO  Lying course lost.  200. ACCIDENT WAS UNDERSYNG (c)  OR CONTRIBUTING CAUSE OF DEATH [Enter only one course per line of (a), (b), and (c)]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASEDEVER IN U. S. ARMED AND IN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASED VIEW TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASED VIEW TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASE OF DEATH III OF THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASE OF DEATH III OF THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASE OF DEATH III OF THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASE OF DEATH III OF THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASE OF DEATH III OF THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASE OF DEATH III OF THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASE OF DEATH III OF THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASE OF DEATH III OF THE TERMINAL DISERSE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PER CAMED?  YES NO DECEASE OF DEATH III OF THE TERMINAL DISERSE CONDIT	GEORGE	BIDENGER		REBECCA	CRAWFORD				
IB. CAUSE OF DEATH   Enter only one course per line   O  (o), (b), and (c)	S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.			ress			
18. CAUSE OF DEATH [Enter only one couse per line o) (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gove rise to immediate couse (o), stoling the under lying couse lost.  (c)  PART II. OTHER SIGNIFF ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES   NO OR CONTRIBUTING   COLUMN COLUM	itas, no. or onknown;	fir yes, give war or dates of service)		MEMORIAL HOS	PITAL - CUMBE	TRLAND, MD.			
21. I certify that I attended the deceased from	gove rise to it couse (o), stoting lying couse lost.  PAULI II. OTHER CONTRIBUTIONS (IF EITHER, NOTIFY	ny, which mmediate the under- DUE TO  SUNDERLYING TO 20b. DES	Cenen	my-sel	Endery	PERFORMED?			
Olive on the class of the dots stated about the course of the class of the dots stated about the course of the class of th	Hour o.m.	While	Not while for	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City or town)	(County) (Sto			
22. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  DUTT  Pring Field  ADDRESS  22d. LOCATION (City, town, or county)  Spring Field  W/2  ADDRESS  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	olive on L. C. ACTUAL SIGNATURE PHYSICIAN'S	Dwards	and that death	occurred of 0:00  M.D. 22), Ge	P.M. from the causes o	and on the gote stated abo			
A STATE OF THE STA	REMOVAL (Specify)	N, 22b, DATEATHEREOF	Spring fie	R CREMATORY	Springfield	11/1/			
	3. FUMERAL DIRECTOR	SIGNATURE	ADDRESS	1011.		PRAR'S SIGNATURE			

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After

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. certificate has been executed by the attending physician and completely filled in by the funeral director, the third certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

06317

03/3			R	eg. Dist. No.	••••••
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF D	ECEASED	
COUNTY Allegany	MARYLAND	STATE Md	COUNTY	Alleg	anv
CfTY (If outside corporate limits, write RURAL OR and give neerest town)	LENGTH OF STAY (in this place)		orporata limits, write RURAL a		
TOWN Westernport	(	TOWN	sternport		
HOSPITAL OR INSTITUTION OR		STREET ADDRESS		ve location)	
STREET ADDRESS Main St		ADDRESS	Main St.		
3. NAME OF (First)	(Middla)	(Last)	4. DATE (Mo	nth) (Day)	(Yaer)
(Type or Print) Rose	L. Brod	lerick	OF DEATH	June 5	19 58
S. SEX   6. COLOR OR   7. SINGLE, M	ARRIED, 8. DATE	OF BIRTH	9, AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
Female White Widow	Dec.	12, 1879	78 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b	. KIND OF BUSINESS	11. BIRTHPLACE (State or			EN OF WHAT
dona during most of working life, even If retired) House-wife	or industry	W.Va.		U.S	NTRY?
13. FATHER'S NAME	VII HOME	14. MOTHER'S MAID	EN NAME	1 0,0	•
George M. McWilliam	n.c	Vinei	nia Whiteha	-4 m	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		STL	
(Yas, no, or unk.) (If Yas, give war or dates of service)					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CI	ERTIFICATION	: 41. ( > 1	INT	ERVAL BETWEEN
	Chronie	specified	nd Myocare	الما الما	- Valle
422, / IMMEDIATE CAUSE (A) 1.29	constation Not	Specified 1	ds knowna	TIC 5	1 ucrs
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
(C)					
TO THE DEATH BUT NOT RELATED TO THE	D. /20				0
DISEASE OR CONDITION CAUSING DEATH.		ry Edemo		1	1)dy
19a. DATE OF OPERATION 19b. MAJOR FINDI	NGS OF OPERATION	,		YES	S NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE   OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY str	(Home, farm, fectory, reet, office bldg., etc.)	21c. WHERE DID INJURY O	CCUR? (City or town)	(County)	(Stata)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OF	CCUR?		
м.	Whila Not while at work				
22. I hereby certify that I attended the d	leceased from Tune	4 , 1958 , to J	une 5 1950	that I last sa	w the decease
alive on June 4 , 1958	and that death occurred	at 8:15 A.M. from th	e causes and on the	date stated above	ve
SIGNATURE 1		Al	DDRESS (Streat, city, tow	rn, stata)	DATE SIGNE
Say STV Nov	M.D.	Ashrield S	t. Piedmoni	t, W.Va.	6-5-58
23. BURHAL, CREMATION, DATE THEREOF TREMOVAL (SPECIFY)	NAME OF CEMETERY C		LOCATION (City, low	rn, or county)	(State)
Burfai 6/9/58	St. Pete	rs Cemetery	Western	port, Md	•
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTO		ADDRES	
MIN 9 '58 DAG -		1/1/2/-1111	Wohlle I	Prompate	W Wa

DI ESDETTIAS OFFICE OF PRINTER OF STATE SALTENDES, IS HIARD TO BEATH . M. Josephsen F visioned and st.

VS A15 (4) 15M 10/57 M

IARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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6321 CERTIFICATE OF DEATH

C6318
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (W	there deceased the land	lived. If institution b. COUNTY	Alleg	any	sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporo	te limits, write R	URAL and give	nearest town	1)
Cumberland	3 years	Cumberlan	nd				
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION		d. STREET ADDRESS				e. IS RES	
31 Mullin Street		1106 Oldt	own Ro	ad			FARM?
3. NAME OF First	Middle	Lost	4. DATE	Mon	44	Day	Yeor
(Type or print) Helen	В	urke	OF	*	8		19 58
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years last birthday)	Manths Da		ER 24 HRS.
Female White WIDOWE	D DIVORCED	Dec. 17, 18	376	81 yrs.	Mullins Day	ys Hours	min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. ) during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	or foreign cau	ntry)	12. CITIZEN	N OF WHAT	COUNTRY
	wn Home	Cumberlan	d M	aryland		USA	
13. FATHER'S NAME	WILLIOME	14. MOTHER'S MAIDEN		ar y zamo		0.011	
Incoh Hondal		Christine	D	annhant			
Jacob Handel IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	. D	arnhart		d d.	
(Yes, no, or unknown) (If yes, give war or dates of service)					Tlin S	1.7	
No	one M	rs. Dwight F	roudfo	otCumbe	rland,	Mary	land
18. CAUSE OF DEATH [Enter only one cause per line	e for (o), (b), and (c).]					NTERVAL BE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Maen	ur				6 20	SCZ
422,1 DUE TO							
Conditions, if ony, which ) (b)	Myocar	clehs				3 -	un
gove rise to immediate	1						0
lying couse lost.	terrosclar	atri QZ	/ /	uses	ie	Sa	us
(c)	ONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERM	IINIAI DISEASE	CONDITION GIV	ENI INI DADT 1/a	ALIO WAS	ALITOPSV
O TAME OF THE COLOR OF THE COLO	STATE OF STA	THO RELATED TO THE TEXAS	IIIVAL DIGEAGE		Ela lla LVKI. Ile	PERFC	RMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port I	l of item 18.)			
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 of work	Not while fo	ACE OF INJURY (Home, forr ctory, street, office bldg., etc		r town)	(Cour	nly)	(Stote)
21. I certify that I oftended the decease	ed from Jenne	1950 to 6	lesur ?	8, 195	that I last	t sow the	deceose
alive on Assec 27 195		occurred at 9:14					
	- A und mor dean	r occorred dizzzzeges		et, city or town,			ATE SIGNE
ACTUAL OD-	Ferrett	- 75% Va	Cest	Per	Lul	- d .	7/./
SIGNATURE CELLY (	2	M.D. 236			-		1//>
PHYSICIAN'S Clay E. Durrett	M.D. 28	Virginia	Avenue	, Cumbe	rland,	Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATIO	ON (City, tawn, o	or county)	(Stot	(e)
Burial July 1, 1958	Greenmount	Cemetery	Cumber		larvlan		
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRA	7	TRATES SIGNA	-	
			_ 10	8 8	el o su	n A	
John J. Hafer, Cumberlar	nd, Maryland	DATE	1111 3	10	11-10-00		

ST USOMITIAS - ATTACH TO THE HIMATA STATE MAARE AN . alica Denes, in la la producada los galectores do mentro neero de la la calegra de calegra de la calegra de la - Bhatemart Shree Trading the Windows Fit Hilling

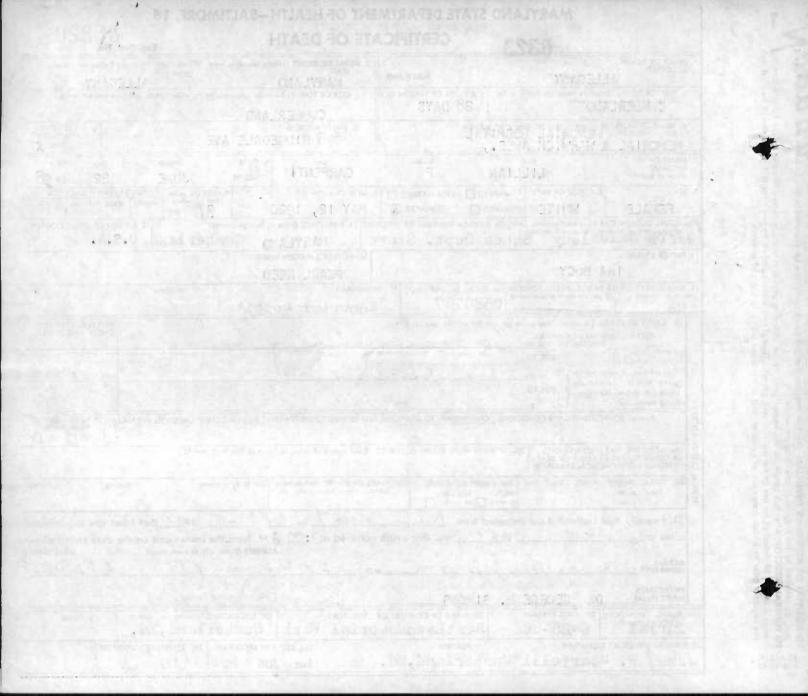
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Allegany

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X Day Year 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? USA Charles B. Callis, Cumberland, Md. ONSET AND DEATH PERFORMED? YES NO (County) (State) 25.that I last saw the deceased and that death occurred at 2:15 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Cumberland, Md.

CERTIFICATE OF DIATE PERSONAL PROPERTY OF THE PROPE the state of the s

CERTIFICATE OF DEATH director, iled with death. Page PLACE OF DEATH a. COUNTY o. STATE **ALLEGANY** MARYLAND MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RUPALIMBER CEARNDOWN) 28 DAYS pluods CUMBERLAND d. NAME OF HOSPITAL (IL not in hospital, give street address)
OR INSTITUTION MEMORIAL HOSPITALS d. STREET ADDRESS (20) 898 RIDGEDALE AVE MEMORIAL & WARWICK AVES. NAME OF DECEASED First Middle 4. DATE filled 24 CARPENT LILLIAN (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH complet FEMALE WHITE WIDOWED [7] DIVORCED X MAY 12, 1920 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign country) death. ### Sales lady Shoes Dept. Store puo ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IRA BUCY PEARL REED 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0580797 Memorial Hospital No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. CATION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) Hour a.m. factory, street, affice bldg., etc.) While Not while at work at work p. m. 21. I certify that I attended the deceased from alive an DIRECTOR: det ACTUAL Pe PHYSICIAN'S TO FUNERAL NAME (Type) GEORGE M. SIMONS 3 22b. DATE THEREOF 220. SURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY poge 6-25-58 RestLawnMemorial Park 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D 8Y REGISTRAR VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b COUNTY ALLEGANY c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Year 1958 22 JUNE IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Days Hours 8 yrs. 12. CITIZEN OF WHAT COUNTRY? Cumberland U-S-A-Address INTERVAL SETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (County) (State) F, that I last saw the deceased .\_\_, and that death occurred at 9:00 A.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Cumberland, Md. 246. REGISTRAR'S SIGNATURE James F. Scarpelli Cumberland, Md. JUN 2 4 '58



60

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 6324

Reg. Dist. No. 321

	1. PLACE OF DEATH o. COUNTY				O. STATE	E (Where de				ce befor	e admiss	ion)
	ALLEGANY		MARYLAI	ND		LAND		b. COUNTY	ALLE	GANY		
	b. CITY OR TOWN (If outside corporate timit: RURAL and give nearest tawn) CUMBERLAND	s, write c. LE	NGTH OF STAY IN	1b	c. CITY OR TOWN	N (If outside BERLANI		mits, write R	URAL ond	give nea	rest lown	)
	d. NAME OF HOSPITAL (If not in hospital, gi	ve street oddres	.) -1110		d. STREET ADDRE	ESS	YLVANI	A AVE	NUE	1		DENCE FARM?
	3. NAME OF Firs		Middle		Last		F	Mon		Day		Yeor
	(Type or print) MARY		ELIZABETH		CLAY	D	EATH	JU		3		1958
	5. SEX 6. COLOR OR RACE WHITE	MARRIED WIDOWED	NEVER MARRIED   DIVORCED		Decembe:	+55 I	los	E (In years t birthday) 74 yrs.	Months Months	Doys	Hours Hours	R 24 HRS. Min.
	10a. USUAL OCCUPATION (Give kind of wark d during most of working life, even if retired) Housewife	one 10b. KIND	OF BUSINESS OR II	NDUSTI	Y 11. BIRTHPLACE	(State or for						COUNTRY
	13. FATHER'S NAME				14. MOTHER'S MAII		. 0 020	0110	W420 (	0,3,	M.	
	Jonas	POTTS			Mary 1	Keefe	r					
	15. WAS DECEASED EVER IN U. S. ARMED FORC	ESP 16. SOCIA	L SECURITY NO.		DRMANT			Add				
	No No		one	M	EMORIAL H	IOSPIT/	AL - C	UMBERI	LAND,	MD.		
	18. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	62	(a), (b), and (c).]	ye	conp	est	ion				RVAL BE ET AND	
	Conditions, if ony, which gave rise to immediate (b).	met	estat	il	carci	ners	a ,	for	n	1	rely	hul
	cause (o), stating the under- lying cause last.  DUE TO  (c)	car	renoma	2. 0	1 lef	1 1	Lede	very				
)	PART II. OTHER SIGNIFICANT COND	ITIONS CONTR	e Cong	BUTIN	tion of	TERMINAL D	ISEASE CON	DITION GIV	EN IN PAR	T 1(o) 19	PERFO YES [	RMED?
	OR CONTRIBUTING LI CAUSE OF DEATH	206. DESCRIBE I	NE E	RRED.	Enter noture of injur	ry in Port I	or Port II of i	item 18.)				
	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	While N	OCCURRED 20e	PLAC foctor	OF INJURY (Home, y, street, office bldg	, farm, 20f 3., etc.)	. (City or tov	vn)	(0	County)		(Stote)
	21. I certify that I attended the deceased from may 18, 1958, to June 3, 1958 that I lost sow the deceased above olive on June 3, 1958, and that death occurred at 11:40PM, from the causes and on the date stated above ADDRESS (Street, city or town, state)  ACTUAL STRATURE Thomas F. June M.D. Hatel algorithm											
	220. BURIAL, CREMATION, 22b. DATE THEREOF		NAME OF CEMETER	Y OR C	REMATORY	Derl	LOCATION (	City town	Lan	Cel	nd	<u> </u>
	Burial 6-7-58		t Patric				lumbe:			- 6 /	(Stote	-1
	James F. Scarpell:	i Cumb	erland,	/ld.	24o.	REC'D BY R	150	24b REGIS	STRAR'S SIC	MAJURI	E	

the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after-death VS A15 (4) 15M 10/57

501 3 CERTIFICATE OF DEATH SHEEL SALVESTON SEEDS a se militado sates la apartes y versions and the contract of t to the part of the long record of them of 1995; bit makes the depth of the control of the first of the control and the second of the 

Md.

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E OF DEATH	Allegany

MARYLAND

2.	USUAL RESIDENCE	(Where deceased				
	o. STATE MATY	rland	Ь	COUNTY A	Lleg	anv

b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Rural Oldtown. 2T Yrs Md.

c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oldtown, Md.

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rd #1

d. STREET ADDRESS Rd #I

IS RESIDENCE YES TO NO

DECEASED (Type or print)	Mar		Hott	Crat	tre		OF DEATH	June	6,	Day		958
5. SEX Female	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED	B. DATE OF	26,	190	6 98	9. AGE (In years last birthday) 52 yrs.		-	Haurs	R 24 HRS Min.

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWITE Shanks. W. Va. USA

17. INFORMANT

13. FATHER'S NAME

1. PLAC

a. Co

2 11445 05

Silas Hott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME Florence Sirbaugh

		None	GITDele	Craptree	Rt #I	
	EATH (Enter only one cause potential WAS CAUSED BY: IMMEDIATE CAUSE (a)	7	nalmitation	ouk .	tonemia	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if	any, which ) (b)	do arin om	Comin	Litt.	milastrais	24.5
gave rise to cause (o), stotin	immediate DUE TO		- Jan-1	0,000		1
lying cause las	) (c)					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO Z

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.)

20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) Hour a. ft. Not while at work at work p. m.

195, that I last saw the deceased 21. I certify that I attended the deceased fram alive on and that death occurred at\_\_\_\_\_ M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) Cumberland. Md.

ACTUAL

PHYSICIAN'S

Cumberland, Md.

Oldt.Own

NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial 6/9/58

ARLTON

22d. LOCATION (City, tawn, or caunty)

(Stote) Maryland

23. FUNERAL DIRECTOR'S SIGNATURE Funeral H.

ADDRESS Berkeley Spgs, 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

within 24 hours after death. campletely executed deoth. puo corban after PHYSICIAN: The law requires that the death certificate be a þ any - E pup burial-transit remayal, has certificate crematian, USe DIRECTOR: TO HOSPITAL TO FUNER m page

director,

filed

the funeral c should be fil

filled Poges 00

C OF DEATH	CHANGEA		
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in matrix, marro D		Bron Dill	
			one dol (III) (no box
A STATE OF THE STA			

	MARYLA	ND STA	TE DEPARTM	NENT OF	HEALTI	H-BALT	TIMORE,	8
	6325		CERTIFIC	ATE OF	DEATI	Н		Reg. Dis
1. PLACE OF DEATH o. COUNTY	egany		MARYLAND	2. USUAL RE o. STATE		here deceased	l lived. If instituti b. COUNTY	
b. CITY OR TOWN RURAL ond give r	(If outside corporate limits, v nearest town)		GTH OF STAY IN 16	c. CITY O	- 0		rote limits, write l	URAL ond g
		street oddress)	days	d. STREET	ADDRESS	berland		0:
Sacred Heart Hospital				Olympia Hotel Balto. St.				
3. NAME OF DECEASED (Type or print)	First	ce	Middle Caudy	Crawfor	lost rd	4. DATE OF DEATH	Mor 6	ith
5. SEX	6. COLOR OR RACE 7.	MARRIED DOWED	DIVORCED	B. DATE OF BI			9. AGE (In years lost birthdoy) 72 yrs.	Months
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Paper Hanger  Wall Paper				STRY 11. BIRT	IPLACE (Stote	or foreign co	·Va.	12. CIT
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
James		Sally Fisher						
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES	7 16. SOCIAL	SECURITY NO. 17.	INFORMANT	- 1		Add	ress

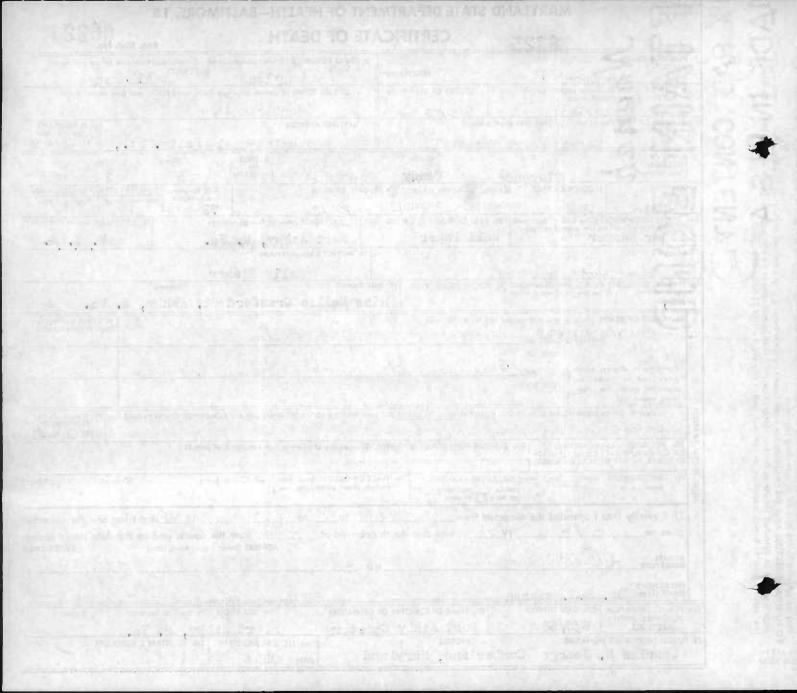
e. IS RESIDENCE ON A FARM? YES NO TO Day **Үеог** 1958 YEAR IF UNDER 24 HRS Doys Hours ZEN OF WHAT COUNTRY U. S. A. No Miss Nellie Crawford Ft. Ashby. W. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Hustan DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? YES NOR 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 19 5 that I last saw the deceased 21. I certify that I attended the deceased fram. , and that death accurred at 25M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) S.G. Weisman 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) /58 Fort Ashby Cemeterv Burlal Fort 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR Charles L. George Cumberland, Maryland JUN 6 DATE

e before admission)

ive nearest town)

gany

VS A15 (4) 15M 10/57



# FOR STATHEALTH DE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNER DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the Statement of Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06324 Reg. Dist. No.

1	0360					Reg. Dist. 110				
	o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Mary land b. COUNTILegany							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)							
	Cumberland	54vrs	Cumberlar	nd, Md.	02					
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS		1		e. IS RESIDENCE ON A FARM?			
	D.O.A. Memorial Hosp	413 Race	Stree	t		YES NO				
	3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Doy	Yeor			
	(Type or print) Elizabet		nningham	DEATH	6	- 8	- 19 58			
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B.	DATE OF BIRTH	9. /	AGE (In years	Months Days	Hours Min.			
	Female White WIDOWED		X Z		69 yrs.	Monnis Days	Mills.			
	10a. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) Self Employed G1	nd of Business or industr	Artemas	-	(7)	12. CITIZEN OF	F WHAT COUNTRY?			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME						
) :	Samuel Jay		Agne	s Barkı	nan					
/-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes, no, or unknown]   (If yes, give war or dates of service)		FORMANT		Address					
54	no   2	12-32-8094	Dr. Orvill	e Swar	tley,C	umberla	ind, Md.			
	1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2 - 11	ert Fai	lure		INTER	ET AND DEATH			
	420.0 DUE TO 0 -		- 1	1						
	Conditions, if any, which by arthrescelerate plant disease									
6	(a), stating the underlying DUE TO									
	couse lost. (c)									
0	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CO	NDITION GIV		PERFORMED?			
	200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  CAUSE OF DEATH.									
	Hour o. m. While		E OF INJURY (Hame, farm ry, street, office bldg., etc.		lown)	(Caunty)	(State)			
	21. I certify that I took charge of the re	emains described abov	e, held on Autops	y , Insp	ection 🔀	Inquiry 🔯	, and in my			
	opinion deoth resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined monner									
	SIGNATURE Benedict Ski	Tarelie	M.D. CHIEF MEDICAL EX				DATE SIGNED			
2	EXAMINER'S Dr. Benedic	T SKITARE	ASSISTANT MEDICAL		Ma	my 8,	1958			
	220. BURIAL CREMATION. 22b. DATE THEREOF BURIAL (Specify) 6-11-58	Hillcrest	CREMATORY Burial Par	22d. LOCATION	berlan	- 1	(State)			
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGIS	TRAR'S SIGNATUR	₹E			
10	James F. Scarpelli, Cumberland, Md. DATEJUN 1 0 '58 Que from 1									

THE MEMBERS AND ASSESSED FOR Trans V. Scar all. C. Cultar Lawy 1d. Lagranger

VS A15 (4) 15M 10/57

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edw		/

## . MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6327

**CERTIFICATE OF DEATH** 

06325

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARKLAND b. COUNTY ALLEGANY							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limi	ts, write RURAL and g	ive nearest tow				
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSPITAL	address)	d. STREET ADDRESS	e. IS RE	SIDENCE A FARM?					
3. NAME OF First PRANCES (Type or print)	Middle R. D	lost	4. DATE OF DEATH	Month JUNE	Doy 22	Yeor 19 58			
FEMALE WHITE WIDOW			1921		Days Haurs	Min.			
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  SECRETARY  13. FATHER'S NAME  JOHN C. DICK	KIND OF BUSINESS OR INDU	MARYLAI  14. MOTHER'S MAIDEN RUTH 1	ND NAME		S.A.	COUNTRY			
		NFORMANT		Address ERLAND, MD	•				
Canditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last.	erebral vaso			ITION GIVEN IN PART	1(a) 19. WAS PERFO	ars			
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Nat while fa	D. (Enter nature of injury in ACE OF INJURY (Home, farr ctory, street, office bldg., etc	m,   20f. (City or town		ounty)	(State)			
21. I certify that I attended the decea	sed from 17. 58, and that death	accurred at 2:00	AM, from the capacity city		e date stat D				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Urial  June 25,195			22d. LOCATION (Ci	ty, town, or county) and, aryl	and (Sto	le)			
John Hafer, Cumber	ADDRESS. rland, Marylan		O BY REGISTRAR UN 2 7 '58	246 REGISTRAR'S SIGN	MATURE				

MEASON CERTIFICATE OF DEATH Walled . IN ETUH THE REMARKS BOTH WORKING - THE BOY, IN. The larger than the state of th THE WHENEVERSE AND THE PARTY OF - Des a versioner de CHARACTER STATE OF THE STATE OF AND THE TOTAL THE PROPERTY OF THE PARTY OF T 

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23. FUNERAL DIRECTOR'S SIGNATURE

06326

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

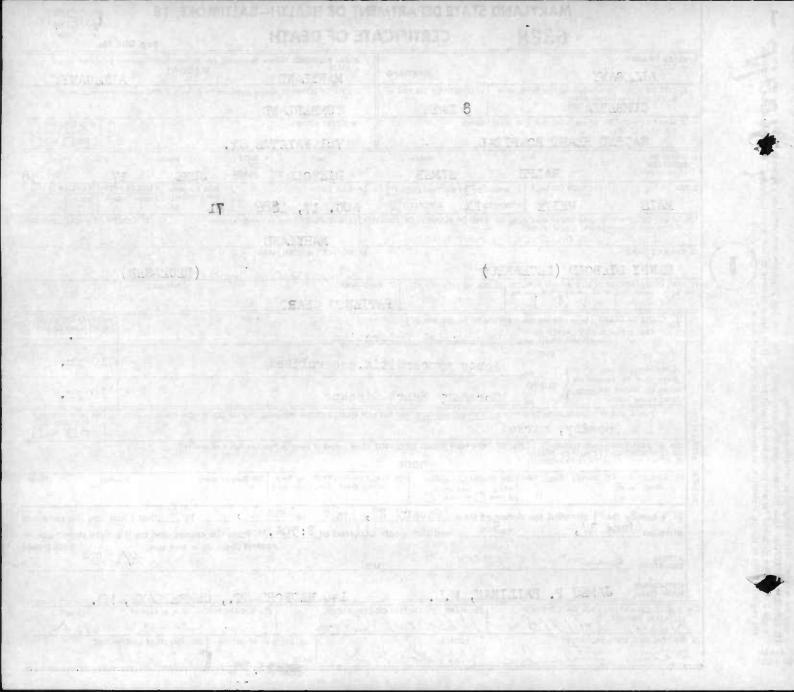
		6328	3	CERTI	FIC.	ATE OF DEATH	1		Reg. D	ist. No.		
1.	PLACE OF DEATH O. COUNTY ALLEGAN	Y		MARY	LAND	2. USUAL RESIDENCE (WHO STATE MARYLAND	nere deceased	lived. If institution b. COUNTY	on: Reside		re odmissi	
	b. CITY OR TOWN (If a RURAL and give near	utside carporate limit est town)	s, write	c. LENGTH OF STAY	IN Ib	c. CITY OR TOWN (IF o	utside corpore	ate limits, write R	URAL ond			
	CUMBER			6 DAYS		O CUMBERLAI	VID CIV					
	d. NAME OF HOSPITAL OR INSTITUTION SACRED					d. STREET ADDRESS 781 FAYE	PTE ST.				e. IS RESI ON A YES	FARM?
3.	NAME OF DECEASED	Fin	ıt	Middle		Last	4. DATE	Man	th	Da	y )	Yeor
	(Type or print)	RALPI	H	ELMER		DIEBOLD	DEATH	JUNE		17	1	19 5
5.	SEX 6	. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED 🔲	B. DATE OF BIRTH	5	P. AGE (In years		RIYEAR	IF UNDE	R 24 HRS.
	MALE	WHITE	WIDOWE			AUG. 17. 18	886	lost birthdoy)	Months	Doys	Hours	Min.
1	etired 6	(Give kind of work of life who if retired)	lone 10b. I	Tavern	R INDU	STRY II. BIRTHPLACE (Stote MARYLA)	or foreign cou	untry)	12. CI	TIZEN C	F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN A	NAME /					
	HENRY DIE	BOLD (DECE	EASED			Minnie	Lew	is (DECI	EASED	)		
15. (Ye	WAS DECEASED EVER II		CES? 16. S	OCIAL SECURITY NO		NFORMANT ATIENTS CHATT		Add	ress			
	18. CAUSE OF DEATH	[Enter only one con	se per line	e far (a), (b), and (c).	]					INTE	RVAL BE	TWEEN
		WAS CAUSED BY:	Mv	ocardial :	Infa	rction				8	da.	DEATH
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	Conditions, if ony, gove rise to imm couse (a), stoting the	ediate (	N.A.									
	lying cause last.	(c)	Co	ronary Hea	art	Disease				7	O yr	•
CATION		significant contesity, mar		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 1	9. WAS A PERFO	AUTOPSY RMED7
CERTIFI	20a. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O		D. (Enter nature of injury in I	Port I or Port	Il of item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Yea	r 20d. IN While of work	Not while of work		ACE OF INJURY (Home, form ctary, street, office bldg., etc.		or town)	(	County)		(State)
	21. I certify that alive an June		decease			8, 1958, 10 Jun accurred at 2:50A	eM, fram				te state	
	ACTUAL	rest. He	eles	nan mh		M.D			6,	/17/		iic sione
		MES P. HA	LLINA	N. M.D.		140 BEDRO	RD ST.	CUMBET	LAND	M		
220	REMOVAL (Specify)	22b. DATE THEREO	-8	1 Sellere	ETERY O	CREMATORY	22d. LOCATIO	ON (City, town, o	or county)		(State	2.

ADDRESS

ined by the haspital ar otherding physician.

•!RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, a be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 compared to the should be fired with a prior to burial, cremation, ar remaval, and in any event within 72 hayer after death. TO FUNERAL IREC
page 3 sh d be
the registrar prior

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57 6329 CERTIFICATE OF DEATH

Reg. Dist. No.

06327

- Wish	Keg. Dist. No.
1. PLACE OF DEATH 0. COUNTEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY ALL LUANTY
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lawn)  MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)  MT • SAVAGE
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GERTRUDE ED ITH	DIETZ 4. DATE Month Doy Year BEATH JUNE 23 1958
FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH OCT • 18  9. AGE (In years least) IF UNDER 1 YEAR IF UNDER 24 HRS OCT • 18  9. AGE (In years least) Amonths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  HOUSEWIFF.  13. FATHER'S NAME	PENNSYKVANIA  12. CITIZEN OF WHAT COUNTR  PENNSYKVANIA  U.S.A.
ALEXANDRA EMERICK	CLARA KENNELL
[Yes, no, or unknown]   (If yes, give war or dates of service)	MORIAL HOSPITAL - MEMORIAL & WARWICK AVES.
1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate  (b)	Sariama, INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating the <u>under-</u>   lying cause last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING   POST CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. While Not while at wark of wark	ACE OF INJURY IHome, farm, 20f. (City or tawn) (County) (State ctary, street, affice bldg., etc.)
21. I certify that I attended the deceased fram June alive an June 22, 1958, and that death ACTUAL SIGNATURE William P. Jenne,	accurred at 12:31 M, from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNI M.D. 441 M. Carlin SY 6-23-1
PHYSICIAN'S William P. Dames, m	es cumberland mo,
220. BURIAL CREMATION, REMOVAL (Specify)  Burial  June 25, 1958 Rest Lawn	Tordie)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HUNGHON Leigler Hyndman, Pa.	DATE JUN 2 6 '58 24b. REGISTRAR'S SIGNATURE

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# FOR STATE HEALTH DEPT.

er death. If ony delay is necessary, please 1, 2, and 3 to the funeral director. Page Page 5 may be retained for your files. I and 2 with the Sto. Page of Health, this 7 hours after death. M

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Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after	the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1,	Ċ.	DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1	stanted agent, prior to burial, cremation, ar removal, and in any event within

4 should TO FUNER or its des TO DEPUT V5. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 66328 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

		LACE OF DEATH . COUNTY		The second secon	Where deceased lived. If institutions	: Residence befo	ore admission)			
		Allegany	MARYLAND	o. STATE Mary	land b. COUNTY	Allega	ny			
	b	. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RUR					
-		Cumberland	years	02 Cumb	erland					
	d	. NAME OF HOSPITAL OR INSTITUTION (If not in he	spital, give street address)	d STREET ADDRESS	M		o. IS RESIDENCE ON A FARM?			
		610 Memorial Avenue	610	Memorial Avenue	•	YES NO T				
		NAME OF First DECEASED Type or print) WILBUR	Lost	Doy 24. 195	Yeor					
	5. S		DATE OF BIRTH		IF UNDER 24 HRS.					
		Male White WIDOWN	DIVORCED M	ay 26,1886	72 yrs.	onths Days	Hours Min.			
		USUAL OCCUPATION (Give kind of work done 10b. uring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?			
1			pervisor B &	O Glenmore.	New York	USA				
1		PATISFRIC ASSAULT	ailroad	14. MOTHER'S MAIDEN N		34,567.5				
	Α	domson Dixon		Eunice St	anford					
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	FORMANT	610 Memori	al Avo	nua			
	17.04,	10 / 10 00 00 00 00 00 00 00 00 00 00 00 00	Man	a Anna V	Dixon Cumberlan					
		18. CAUSE OF DEATH [Enter only one couse per line		S, Anna A.	DIXON Sumberian		YAL BETWEEN			
		PART I, DEATH WAS CAUSED BY:	Coronary 0	aclucion		ONSET AND				
		1120. / IMMEDIATE CAUSE (6)	our onary o	CCIUSION			Sudden			
		Coronary Sclerosis								
Conditions, if ony, which (b)										
		gove rise to immediate couse (a), stating the underlying DUE TO								
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS A PERFO YES   20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part f or Part II of item 18.)										
									F	YES NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part f or Part II of item 18.)
	MEDICAL			E OF INJURY (Home, form	20f. (City or town)	(County)	(State)			
	MEC	Hour o. m. Whi	le Not while ork of work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		21. 1 certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry XI, and in my								
		opinion death resulted from: Natural couses [3], Accident [], Suicide [], Homicide [], Undetermined manner []								
		opening costs [5], Accident [7], Sticker [7]								
		ACTUAL SIGNATURE BENEdict Skitarelies M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED								
		ASSISTANT MEDICAL EXAMINER (								
		EXAMINER'S								
		NAME (Type) Benedict Skitar								
	-	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or co		(State)			
	-	urial June 28, 1958			Westmoreland,					
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			R'S SIGNATUR	E			
		John J. Hafer, Cumberla	and, Maryland	DATE ()	UN 27 '58 Cile	-educh				
	-						the state of the s			

# MARYLAND STATE DEPARTMENT OF PEALTH SALTHMORE MARYLAND STATE DEPARTMENT S CERTIFICATE OF DEATH

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C HOSTILAL ON ALLENDING PRISICIAN: The law requires that the death certificate be executed within 24 haurs after death.	may be retained by the haspital ar attending physician.	O FUNERAL PARECTOR: After this certificate has been signed by the attending physician and campletely filled in the tuneral	page 3 sh 7d be detached for use as the burial-transit permit. Then please remaye gadagn papers. Pages 1 of should-berf	the state of the fact of the f

VS A15 (4)

15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06329CERTIFICATE OF DEATH 6376 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland Allegany b. COUNTY MARYLAND Allegany b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Midlothian davs Frostburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Miners Hospital YES NO 3. NAME OF DECEASED First Middle 4. DATE Month Day (ARTZ) ANNIE DREW DEATH (Type or print) JUNE 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years female white Months Days WIDOWED P DIVORCED [ yrs yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, eyen if retired) housework own home Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Artz Annie Chilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Mrs. Harbert Allen. Rt. 1. Frostburg, Md. 1B. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Canditians, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while at work at work 21. I certify that I attended the deceased fram. that I last saw the deceased olive or will and that death accurred of M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL E. Main St. PHYSICIAN'S W. O. McLane, M. D. Frostburg NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) F'bg. Memorial Park Frostburg, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 3 0 '58 J. R. Durst, Frostburg, Md.

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the funeral directar, should be filed with

gned by the attending physician and campletely filled permit. Then please remove carban papers. Pages 1 in any event within 72 haurs after death.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06330

6377 **CERTIFICATE OF DEATH** 

1			(, (, ,			Keg. Dist. 140.					
)	1. PLACE OF DEATH  o. COUNTY  Allegany  MARYLAND			- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Allegany						
/				ND							
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16			16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
	RURAL and give nearest town) Frostburg 10 hrs				22 Frosth	ourg					
		d. NAME OF HOSPITAL (If not	in hospital, give str			d. STREET ADDRESS e. IS RESIDENCE					
		OR INSTITUTION Miners	Hospital			Box 9h, Carlos				ON A FARM?	
	3. NAME OF First		Middle		Lost	4. DATE Month					
		DECEASED					OF DEATH	,	in.	Day	Year
	-	LMALC		JANE	-1.	DREW		6	TIE LINIDED 1 V	8	19 58.
	3	6. COLO		ARRIED NEVER MARRIED		ATE OF BIRTH	,	last birthdoy)	Months Do		7
٠,	4	P.	**	OWED DIVORCED [	- 1	23-1894		64 yrs.			
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	Housework Own Home				Carlos, Mo	1.		U.	S.A.		
	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
		Daniel Thomas				Alice Davis	3				
	15.	WAS DECEASED EVER IN U. S.		16. SOCIAL SECURITY NO.	17. INFO			Add	ess	(So	2
	(Son)  (Yes, no, or unknown)  (Yes, no, or un										
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										
	PART I. DEATH WAS CAUSED BY:										
	IMMEDIATE CAUSE (6)										
	14 d. d.   DUE TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO										
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  200. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)						Port I or Port	II of item 18.)			
	CER	OR CONTRIBUTING CAUSE	OF DEATH								
		20c. TIME OF INJURY Month,		d. INJURY OCCURRED 20	e PIACE	OF INJURY (Home, form	n 206 (City	os towal	10	- 0 - 1	151-4-1
	MEDICAL	Hour a.m.	w w	hile Not while	foctory	, street, office bldg., etc	c.)	or rown,	(Cou	nty)	(State)
	¥	p. m.	19 of	work of work			1	,			
	21. I certify that I attended the deceased from May 1958, to June 8, 1958, that I last saw the deceased										
	alive an										
	ADDRESS (Street, city or lown, state)  DATE SIGNED										
	SIGNATURE SOUND S. DOWNSIMD 2 B ROADWAY 6/9/58										
		SIGNATURE	1		M.D	·		n Q nq	WIET_Z.		1-11-11
		PHYSICIAN'S TO NAME (Type)	han	13. Dall	50	41	FPO	- thu	100	M-	-/
	20		/1 -)	01 01701	7/	14	1 12	20199	17/		
	220	BURIAL, CREMATION, 22b. D. REMOVAL (Specify)		22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCATI	ON (City, town, o	or county)	(5	itate)
		Burial 6-	11-58	Frostburg M		ial Park	Frost	burg. Md		7	
M	23. FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Home				9		D BY REGISTR		TRAR'S SIGN	ATURE	
V	1.7	endo & H Meriles	ceutoo F	Moin Proath	22220	MA DATE A	UN 1 3 '	58   150	- lecul	DK.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital ar attending physician.

5 FUNERAL PIRECTOR: After this certificate has been signed by page 3 st. and be detached far use as the burial-transit permit. The registrar priar to burial, cremation, ar removal, and in any e may be retained TO FUNERAL DIRE

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VS. A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06331

	Reg. Dist. No.							
1. PLACE OF DEATH  o. COUNTY alles and MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  Manhaman  b. COUNTY  County							
b. CITY OR TOWN (If outside proposate limits of the RURAL ond give neares from)  Cumberland	c. CITY OR TOWN (If oxiside corporate limits, write RURAL and give hearest town)							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET-ADDRESS    225 Columbia St. e. IS RESIDENCE ON A FARM? YES   NO DE							
3. NAME OF DECEASED (Type or print) Josephine H. E	Swarels 1. DATE Month Doy Year DEATH June 16 1958							
5. SEX 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   Temale WIDOWED DIVORCED	B. DATE OF BIRTH  43. AGE In years let UNDER 14EAR IF UNDER 24 HRS.  Age In years let bigHydey)  Age In years Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU during most of working life, even if retired)  Howald.	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?							
Hilliam J. William	14. MOTHER'S MAIDEN NAME Handrichson							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Pelster Edwards Cumberland MS							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Que TO	diac failure interval between onset and dear 24 thro							
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  (b) Uttercascler  (b) Uttercascler  (c)	otic CV disease							
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO. 10							
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Port I of Port It of Item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl While Not while of work 19 of work 19	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (County) (State)							
21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my								
opinion death resulted from: Natural couses X, Accident I, Suicide I, Hamicide I, Undetermined manner								
ACTUAL Besided Sketarelia M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED								
EXAMINER'S Benedict SkitARELIC	EXAMINER'S Benedict SkitARELIC M.D. DEPUTY MEDICAL EXAMINER June 16, 1958.							
220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF GEMETERY C REMOVAL (Specify) 6/19/58 Frostburg)	Mone Pourle Frostling Ma (Stote)							
23. FUNERAL DIRECTOR'S SJONATURE ADDRESS M	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AND 1 8 '58 00 8							

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT 

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6332 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

06332

					Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY ALL	EGANY	MARYLAND	C STATE AND MARK A	here deceased lived. If institu ND b. COUNT	ution: Residence before admission) Y ALLEGANY
b. CITY OR TOWN ( RURAL and give no CUMBERL		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C		RURAL and give nearest fown)
d. NAME OF HOSPIT	AL HOSPITAL	oddress)	d. STREET ADDRESS  / 606 ED	WARDS AVENUE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ALBERT	Middle C.	ESKIN	4. DATE MO OF DEATH JUN	Doy Yeor 1958
5. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH FEB. 9, 1908	9. AGE (In year last birthday) 50 yrs	rs IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATIO	DN (Give kind of work dane 10b king life, even if retired)			or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
CARL ES				aslow	
	(If yes, give war or dates of service)		MEMORIAL HOSPI		AND, MD.
	DUE TO  ny, which (b) 81  mmediate Due To	rebral Vascula	r Accident ysis left side		ght Interval Between ONSET and DEATH
lying couse lost.	(c)		UT NOT RELATED TO THE TERMI		FIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH MEDICAL EXAMINER)	JERIOL HOW HAJORI OCCUR	teo. Itilier holdre of injury in i	or For For II of Hell To.,	
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 20d. While of wo	_ Not while _	PLACE OF INJURY (Home, form factory, street, office bldg., etc.	n, 20f. (City or town)	(Counly) (State)
	DR. S. JACOBSO	ond that deal	th accurred at 11:15		t 6/26/58
220. BURIAL, CREMATIO REMOVAL (Specify) DUTIAL	June 27,195	20c. NAME OF CEMETERY East View	OR CREMATORY	22d. LOCATION (City, town, Cumberland,	. or county) (State)
John J.	s signature Hafer, Cumberl	ADDRESS			SISTRAY'S SIGNATURE

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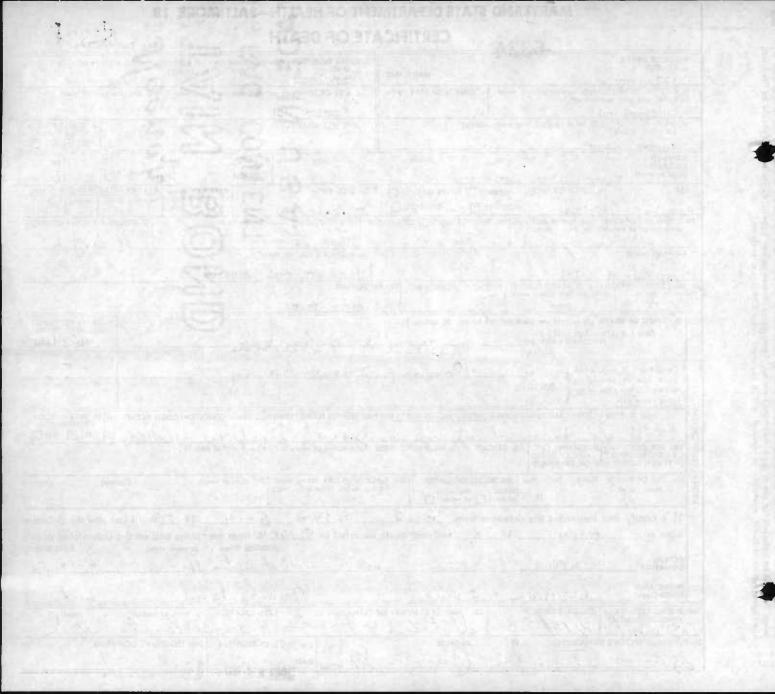
MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
C224	CEPTIFICATE	OF	DEATH	

06333

03	33 CERTIFIC	AIL OI DEAIII		Reg. Dist. No.
D. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE MARYLAND	eceased lived. If institution b. COUNTY	: Residence befare admission)
b. CITY OR TOWN (If outside carporate limits, wr RURAL and give nearest town) CUMBERLAND	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RUR	(AL and give nearest town)
d. NAME OF HOSPITAL (IF not in hospital aixe sign in stritution WARW)  MEMORIAL HOSPITAL-MEMOR	CK° AND	/ d. STREET ADDRESS Maple St.,		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BESS	Middle IE Franklin	EWALD 4. D	ATE Month	Day Year
FEMALE WHITE WID	MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH AUG. 22, 1893	last birthday) 640 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or fore MARYLAND	5 41	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
WILLIAM F.		BESSIE Dunn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give war or dates of service)	3.7	INFORMANT MEMORIAL HOSPITAL	Address CUMBER	
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse last.  (c)	Copau	any Thron	in soler	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIO				IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Port I o	or Part II of item 18.)	~
Haur a.m. W	od. INJURY OCCURRED 20e. Pl hile Nat while wark at wark	ACE OF INJURY (Hame, farm, 20f ctary, street, affice bldg., etc.)	. (City or town)	(Caunty) (State)
21. I certify that I attended the decalive an			from the causes and ESS (Street, city ar town, sta	that I last saw the deceased an the date stated above the DATE SIGNE LAST
220. BURIAL, CREMATION, REMOVAL (Specify) 6/13/58	22c. NAME OF CEMETERY C		LOCATION (City, town, or of Savage, Ma	county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS berland, Md.	24a. REC'D BY R	- Dest Color	MAR'S SIGNATURE

A Sayou and	ATE OF DEATH	DRITHED DE	
areauti	9/3/Y //		2014CA-1/16
	NAME OF THE PARTY	(144)	
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11 34.5	milk CLAND		
	3812 E2 .XXX	College Barrier	STIM DIVERS
4 4 4	To Selection of the Control of the C	Company day	
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		in the American	
			A CONTRACTOR
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		riell, Td.	district L. Serve et Carl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06335

6335	CEKTIFICA	AIE OF DEAIR		Reg. Dist. No.
1. PLACE OF DEATH O. SQUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYL	AND b. COUNTY	n: Residence before admission) ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)     CUMBERLAND	c. LENGTH OF STAY IN 16		cumber LAND, MD	
d. NAME OF HOSPITAL (If not in hospital, give struction MEMORIAL HOSPITAL, MEMORIAL HOSPITAL HOS	and the second second	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
		PES Lost	4. DATE Mont OF DEATH JUN	
FEMALE WHITE WIDE	OWED DIVORCED	8. DATE OF BIRTH 6.28.58	lost birthdoy) yrs.	Months Days HOWHRS.
10a. USUAL OCCUPATION (Give kind of wark done 1 during most of working life, even if retired)	0b. KIND OF BUSINESS OR INDU		or foreign country) AND, MD.	12. CITIZEN OF WHAT COUNTRY
ROBERT E. GRAPES		14. MOTHER'S MAIDEN N		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  [If yes, give wor or dates of service]		NFORMANT NEMORIAL HOSPI	TAL, CUMBERLAND	
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse last.	Belotera	l-		
PART II. OTHER SIGNIFICANT CONDITION  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  LIFE EITHER, NOTIFY MEDICAL EXAMINER	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I ar Part II of item 18.)	
Haur o. m. Wh	,	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (Stote)
21. I certify that I attended the dece alive an				, that I last saw the deceased and an the date stated above DATE SIGNET
PHYSICIAN'S FULLEY	3. Whitwe	nth		,
220. BURIAL, CREMATION, 226. DATE THEREOF REMOTAL (Specify)	SUNSET MEN	R CREMATORY PAVK	22d. LOCATION (City, town, or	r county) (Stole)

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DATE

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VS A15 (4) 1SM 10/S7

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VS A15 (4) 15M 10/57 62

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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6336 CERTIFICATE OF DEATH

Reg. Di D 6.336

o. COUNTY ALLEGAN	NX		MARY	- 11	2. USUAL RESIDENCE ( o. STATE MARY)			institution: DUNTY		RRETT	mission)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If outside corp	porote limits,	write RUR	AL ond giv	re nearest t	own)
CUMBERLA			16 HOURS		GRANTS	SVILLE		11	X	2	***
d. NAME OF HOSPI OR INSTITUTION SACRED	HEART HOSPI		ddress)		d. STREET ADDRESS					10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	JENI		Middle (AH)	GR	Last E.E.N	4. DATE OF DEATI	н	Month		Doy 5	Yeor 19 58
5. SEX	6. COLOR OR RACE	0 7 67	D NEVER MARRIE		DATE OF BIRTH		9. AGE (In			YEAR IF UN	NDER 24 HRS.
FEMALE	MHTAR	WIDOWED			AY 29, 1958			yrs.			
during most of wor	ON (Give kind of work of rking life, even if retired	lone 10b. K	IND OF BUSINESS OF	R INDUSTI		NN .	country)		12. CITIZ	EN OF WH	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			6	. 0 . 1	-
ROBERT	BLAINE GREE	N			HAZE	EL V. E	NOX				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. INF	ORMANT			Address			
					PATIENTS	CHART					
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		for (o), (b), and (c).}		a					ONSET M	BETWEEN ND DEATH
Conditions, if a gove rise to couse (a), stating lying couse lost.	immediate (										
PART II. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	RMINAL DISEA	SE CONDITIO	ON GIVEN	IN PART 1	PER	AS AUTOPSY RFORMED?
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC1	RIBE HOW INJURY OC	CCURRED.	(Enter nature of injury i	in Port I or Po	art II of item	IB.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yeo	While of work	Not while	20e. PLAC focto	E OF INJURY (Home, for ry, street, office bldg.,	etc.) 20f. (Ci	ty or town)		(Co	unty)	(Stote)
21. I certify th	hat I attended the	decease	fram 6/4		, 19.5 8 , ta	6/5		9.58.1	hat I la	st saw th	ne deceosed
alive on_6	Pie a bell	195	and that	death a	occurred at 3:20			uses and	on the		
SIGNATURE	M succes 18	101	777	M.	D						
PHYSICIAN'S NAME (Type)	LIZABETH B	RINGS	, M.D.		55_GR.u.	NE ST	CUM	REPLAI	MDN	D	
220. BURIAL, CREMATIC REMOVAL (Specify,		8	22c. NAME OF CEME	TERY OR O			VISILI	lown, or c	ounty)	(S RET	red Mr
23 FUNERAL DIRECTOR	S SIGNATURE	91	ADDRESS_	10, -	Mr 0	C'D BY REGIS	(	. REGISTR	AR'S SIGN	IATURE	
1001	unnan	14	answell	10,1	DATE DATE	JUN 9	'58	Ple !	- edu	ch.	
TUVVVVV	XVV										

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			,	ANNELS ANNELS

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6337

### **CERTIFICATE OF DEATH**

06337

							no1	g. 0111. 140.	
1. PLACE OF DEATH o. COUNTY ALLEGA	NY		MARYLAN		USUAL RESIDENCE (MO. STATE MARYLAND	Vhere deceased li	b COUNTY	LEGANY	
RURAL ond give	ND		HRS. 8 MIN		c. CITY OR TOWN (IF		e limits, write RURAL	ond give nea	irest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital p	VICK' AN	D' VE	1	d. STREET ADDRESS	ENDENCE	STREET		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir BABY	st	Middle BOY	Н	Lost ARBAUGH	4. DATE OF DEATH	Month JUNE	Do	
5. SEX	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED	8. D	ATE OF BIRTH	1958		NDER I YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPAT during most of we None	TION (Give kind of work or orking life, even if retired	done 10b. KIND	OF BUSINESS OR IN		11. BIRTHPLACE (SION	e or foreign coun	try) 12	. CITIZEN O	F WHAT COUNTR
13. FATHER'S NAME	THOMAS E.	HARBAU	GH.	1.	BETTY I				
15. WAS DECEASED EN {Yes. no. or unknown}	VER IN U. S. ARMED FOR (If yes, give war or dates of si	CES? 16. SOCI	AL SECURITY NO. 1	7. INFO			Address CUMBER	LAND.	MD.
Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which immediate g the under-	Her	mistro rehest plete	n. All	Scence	of Lel	A Diapo	nto	4
CATIC	THER SIGNIFICANT CON				RELATED TO THE TERM			PART 1(0) 15	PERFORMED?  YES NO
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (E	nter nature of injury in	Port I or Port II	of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	10	While	Y OCCURRED 20e. Not while of work	PLACE foctory,	OF INJURY (Home, form street, office bldg., el	m. 20f. (City or c.)	town)	(County)	(State)
ACTUAL SIGNATURE	that I attended the	deceased f	om 10 J	oth according to the control of the	19.58, to curred at 3:45	5PM, from t	he causes and controlled to the causes and controlled to the contr		
PHYSICIAN'S NAME (Type)	OR. LELAND R		. NAME OF CEMETER		EMATORY	Trad LOCATIO	NI/C'A		
REMOVAL (Specify Burial	June 11		St. Patr:		Cemeter	y Cumb	,	Md.	(Stote)
23. FUNERAL DIRECTO	77 1 2 1	Cumbe	rland, Mo	d.		"D BY REGISTRAL		S SIGNATUR	E

	WELL WITH AD THE WARRE			
* **	HITAGE OF BEATH			
YARLI (N	The farmer of th			
			O.A.	ALC: 1
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	The Samuel of th			
	ON TEXTONOL			
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Control of the second	LAN 19000 LIA DEPOS			

e 4	Fith.
800	may be retained by the haspital or attending physician.  TO FUNE B. BIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director. page 3. But be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1. 2 should be filed with the registrar prior to burial, crematian, or removal. and in any event within 72 hours after death.
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TEN	TOR: Jetoc
OR A	REC.
ALC	or p
SPIT	NE 3
OH C	Page
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the haspital or attending physician.  TO FUNE A DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director.  TO FUNE A DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director.  To FUNE A DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director.  To FUNE A DIRECTOR: After this formation are attended by the attended by the attended by the funeral director.
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		63	RR	CER	TIFICA	ATE OF I	DEATI	Н		Reg. Dis	it. No	063	38
1.	PLACE OF DEATH o. COUNTY Allegai	av.		MA	RYLAND	2. USUAL RES		here decease	d lived. If institut b. COUNTY	tian Residen	ce befa		ion)
Г	b. CITY OR TOWN (IF RURAL and give new	outside carporole lim	ils, write	c. LENGTH OF ST	AY IN 1b			outside carpa	orale limits, write		0	· ·	1)
L	Cumberla	nd		10 Da	ys	X Flin	tstone	e					- + •
	d. NAME OF HOSPITA	L (If not in hospital, )	give street	address)	57.73	d. STREET	ADDRESS					e. IS RES	FARM?
-		eart Hospi	tal			Rto	# 2					YES I	NO
3.	NAME OF DECEASED	Fi	rst	Mid	dle	Lo	st	4. DATE OF	Мо	nth	Do	γ .	Year
-	(Type or print)	Lewis	T <sub>=</sub>	W .		rtsock		DEATH	June		4		1958
5.	SEX	6. COLOR OR RACE	7. MARE	RIED T NEVER MAI	RRIED 🔲	B. DATE OF BIRT	Н	Th. It	9. AGE (In years last birthday)		1 YEAR Doys	Hours	
	Male	White	WIDOW		CED [	3/7/96			62 yrs		Doys	riours	Min.
10	<ul> <li>USUAL OCCUPATIO during mast of warking</li> </ul>	N (Give kind af wark ng life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (Stote	or foreign c	ountry)	12. CIT	IZEN C	F WHAT	COUNTRY
1	Farmer		S	elf Emplo	yeed		ryland				10	H	
1)3	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME			71	5,640	
		ctsock					a W. V	Villis	on				
15. (Y	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY I	NO. 17. I	NFORMANT	70019		Add	dress			
L	No		2	13 24 6	029Pa	tients	Chart						
		H [Enter anly ane co	ouse per lis	ne for (o), (b), and	(c).]						INT	RVAL BE	TWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (c	n Co	ronary o	celus	ion					10	ET AND	DEATH
	420.1	DUE TO											
	Canditions, if on		, Co	oronary He	eart 1	Disease					1	t Acs	re
	gove rise to im cause (a), stating II												
	lying cause lost.	(0									T A		
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1(0) 1	PERFO	AUTOPSY RMED?
	20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in	Part I ar Part	t II of item 18.)		30	TW L	
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	While	Not while at work	20e. PL	ACE OF INJURY ( ctory, street, affice	Hame, form a bldg., etc	20f. (City	or lown)	(C	ounty)		(Stale)
	21. I certify the	it I attended the	deceos	ed from 9-1	4	1954	-,	6-4	, 19 58	that I	ast so	w the	decease
	olive on 6	14	, 195	8, and the	at death	occurred at	2:50	PM, from	n the causes	and an th	e da	e stote	d abay
		0 1	0	,				ADDRESS (St	reet, city or town,	state)			TE SIGNE
	SIGNATURE	also W.	De	elu.		M.D. 62 Gr	eens	St.			6-	5-58	
	PHYSICIAN'S R	alph W. Ba	allin	, M.D.		Cumbe	rland	, Md.					
22c	BURIAL, CREMATION REMOVAL (Specify)		1958	22c. NAME OF CE Sunset		R CREMATORY	ark		non (City, town, umberlar		d.	(Stote	:)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC"	D BY REGIST		STRAR'S SIG		Œ	
	Byron K	ight	Cum	berland	, Md		DATE J	UN 9	'58 Cle	hede	uh		

	ATE OF DEATH		
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Rea. Dist. N

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	U	144						Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY	Allegan	У	MARYLA	- 11	USUAL RESIDENCE (	where deceas yland	ed lived. If instituti b. COUNTY		egany	ission)
b. CITY OR TOWN RURAL and give		its, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (I	outside corp		URAL ond	give nearest to	wn)
d. NAME OF HOS OR INSTITUTIO	PITAL (If nat in hospital,	give street	oddress)		d. STREET ADDRESS	1			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	MARTHA	rst	Middle S.	I	Lost HENCKEL	4. DATE OF DEATH	Mor		Day 6,	Yeor 19 58
5. SEX		7. MARR	IED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years lost-birthday)	IF UNDER	1 YEAR IF UN	
female	white	WIDOWE				1869	09 угз.		Days Haur	
during most of w	orking life, even it retired	)	own home	NDUSTRY	Maryl	-	country)	12. CI1	U.S.A	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
Vale	entine Hen	ckel			Cather	ine Si	nyder			
TS. WAS DECEASED E [Yes, no. or unknown)	VER IN U. S. ARMED FOR Iff yes, give war or dates of s		social security no.	Mis:	mant s Grace ]	Henck	Addel, Mt.		nge, Mo	d.
Conditions, if gove rise to couse (a), stotin lying couse los	immediate g the under-	) )	AS HE ONTRIBUTING TO DEATH	BUT NOT	related to the ter	gia MINAL DISEA	SE CONDITION GIV	/EN IN PAR	T 1(o) 19. WA:	S AUTOPSY FORMED?
OR CONTRIBUTION	WAS UNDERLYING  GOOD CAUSE OF DEATH FY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCI						YES [	] NO []
Wour o. m	10	While	Not while at work	e. PLACE foctory,	OF INJURY (Home, for street, office bldg., e	erm, 20f. (Cit	ty or town)	(0	County)	(Stote)
21. I certify alive an	une 6 2007 W. O. M	., 185 CLan	Fane	eoth oc	curred at AOA.	ADDRESS (South Main	Street, city or town,	and on the	James 193	DATE SIGNE
Burial Special	6-9-195	_	St. Patric		Cemeter	y 1	Mt. Sava	ige,	Md.	ote)
23. FUNERAL DIRECTO		Proc	thurg. Md.			C'D BY REGIS		STRAR'S SIG	GNATURE	
O o Il o	DUIDU.	PIOS	LULLE's MO.		DATE			/		



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	. District and the same and	STRUCK SPACE WITH THE		
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639/	CERTIFICAT	E OF DEATH		Reg. Dist. No.
o. COUNTY Allegany	MARYLAND 2	o. STATE Marylan	d deceased lived. If institution b. COUNTY	Residence before odmission) Allegany
Barton Md.	c. LENGTH OF STAY IN 16 7 yrs.		arton, Md.	URAL and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give store institution R.F.D. 1 Base	rton, Md	/d. STREET ADDRESS R.F.D. 1	Barton, Md.	IS RESIDENCE     ON A FARM?     YES □ NO ☑
NAME OF DECEASED EXENTA First	BELLE HIL	Lost	4. DATE Mont OF June	th Day Year 3 19 58
remale white	MARRIED NEVER MARRIED MB. MB. MB. MB. MB. MB. MB.	arch 2, 1878	9. AGE (In years last birthday) yrs.	Months Days Haurs Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wile	106. KIND OF BUSINESS OR INDUSTR Domestic	Maryland	r foreign country)	U.S.
3. FATHER'S NAME Delaplain More	land	14. MOTHER'S MAIDEN NA	Mary Kay	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. INFO	Allen Hil	Addr 1 Pie	dmont, W.Va.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate couse (a), stoling the under- lying couse lost.  (c)	Arterio-sclore	yscordy usis		10/ests
	many Edame	_		EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Po	et I ar Part 11 of item 18.)	
Hour o.m.	Od. INJURY OCCURRED  /hile Nat while factor t work of work	OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that Lattended the decolive on June 3	reased fram. June 3 1958, and that death o	ccurred ot Till		that I last saw the decease and an the date stated above the state of
PHYSICIAN'S NAME (Type)  220. BENIAL, CREMATION,   22b. DATE THEREOF	22c. NAME OF CEMETERY OR C	REMATORY 2	74. LOCATION (City, town, o	
Burial June 5, 195	Sharps Cem.	la seco	Fair Hill	Md.
	esternport, Maryla		- 100 1000	Leduch

may be retained by the haspital or attending physician.

TO FUNE A. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 will be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

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after death. Page 4	the funeral director, should be filed with

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6220

# CEPTIFICATE OF DEATH

06241

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g.	Dist.					

0003	CERTITION	TIL OF DEATI			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W o. STATE MARY		d. If institution b. COUNTY	Residence I		sion)
RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate l	imits, write RU	RAL ond give	nearest tow	n)
	65 DAYS	02 CUMBERLA	ND,				-
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION MEMORIAL HOSPITAL	(dress)	d. STREET ADDRESS THE DING	LE			ON	SIDENCE A FARM? NO
3. NAME OF First DECEASED (Type or print) JESSE	Middle	Lost HIRSH	4. DATE OF DEATH	Month 6		30	Yeor 1958
5. SEX MALE 6. COLOR OR RACE 7. MARRIE WHITE WIDOWED		12/3/1879	9. At lo		FUNDER 1 Y Months Do	EAR IF UND	-
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Merchant	IND OF BUSINESS OR INDUSTRAL	TRY 11. BIRTHPLACE (Stole CUMBERLA)		)		N OF WHAT	COUNTR
13. FATHER'S NAME	2012110	14. MOTHER'S MAIDEN			0.0	•	
HIRSH, JOSEPH		*BANEMBE	REALINA	Bamber	ger		
(Yes, no. og unknøwn)   (If yes, give war ar dates of service)	0CIAL SECURITY NO. 17. IN	MEMORIAL HO	SPITAL,	Addre CUMBERL		ARYLA	ND
18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) ACULE		ular Failure				INTERVAL BE	DEATH
70.00	ardial Fibrosi	s and Corona	ry Arteri	oscler	osis	15 ye	ars
PART II. OTHER SIGNIFICANT CONDITIONS CO  Calcified Aorta  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVE	V IN PART 1(	PERFC	AUTOPSY ORMED?
	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Port I or Part II of	item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work [	Not while foct	CE OF INJURY (Home, form ory, street, office bldg., etc	20f. (City or to	wn)	(Cour	nty)	(Stote
21. I certify that I attended the deceased alive an June 30 , 19 58  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DR. S. M. JACOBS	and that death	50		St.	d an the	date state	
	22c. NAME OF CEMETERY OR East View Co	CREMATORY	22d. LOCATION  Cumber	City, town, or	county)	(Stot	(e)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b_REGIST		TURE	
Charles L. George Cumb	erland, Md.	DATE JI	JL 7 '58	aus	educ	/	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospitol ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been si the registror page 3 s VS A15 (4) 15M 10/57

DIRECTOR: After this certificate has been signed by the ottending physician and completely filled to be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 '

prior to buriol, cremation, ar remavol, and in ony event within 72 haurs

OTALISM SINCE STAN BYAN BY . . . . . Harman Miller Binsons CHELLY CO. L. COLL PROPERTY LET COMPANY AND CHELL THE PROPERTY AND C alcorato como recomendade a factor con tentro de la forte con la factor con la constanta de la factor con la constanta de la c converted berganistant and in SOCO in horsely and an early the Co. In cash, Equip-ALLONDON DE LA CALLENS DE LA CALLENS DE LA CONTRACTOR DE LA CALLENS DE L TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 VS A15 (4) 15M 9/S5

2	0020	CERTIFICATE	OI DEATH	Reg. Dist. I	No.
	1. PLACE OF DEATH O. COUNTY allegany	MARYLAND 2. US	WAL RESIDENCE (Where deceased live STATE May land	ed. If institution: Residence b b. COUNTY	pefore admission)
	AURAL and gife neobel town)	02	CITY OR FOWN Woutside cargorote	limits, write RURAL and give	nearest (swn)
	d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION Polk Street	ress) d.	STREET ADDRESS Palk	Street	IS RESIDENCE     ON A FARM?     YES    NO     NO     NO     NO     NO     NO     NO
	3. NAME OF DECEASED (Type or print) Joseph First	Thomas /+	lost 4. DATE OF DEATH	June 23	Day Year 1958
1	5. SEX 6. COVOR OR RACE 7. MARRIED WIDOWED [	DIVORCED []	21/1903	ost bimbridgy) Months Day	
	100. USUAL OCCUPATION (Give kind of work dane lob. KIN dering most of working life, even if retired)	egamy Bullistis		mQ 12. CITIZET	S, A.
	Thomas J. Hoban		Maryaret S	ullivan	
	15. WAS DECEASEDEVER M.V. S. ARMED FORCES? (16s, ng, or unknown)  W. W. III service)  21	7-30-1-10 M	s. Hellie Ho	ban Ciu	I MQ
		or (a), (b), and (c).] Coronary Occlu	asion		NTERVAL BETWEEN DISET AND DEATH
	gave rise to immediate cause (a), stating the under-	Coronary Heart none	Disease		3 mo.
	1ying couse lost.   (c)		LATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
		BE HOW INJURY OCCURRED. (Enter NONE	noture of injury in Part I or Part II a	if item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJU While at work	Not while factory, str	INJURY (Home, form, eet, office bldg., etc.)	town) (Coun	(State)
	21. I certify that I attended the deceased alive on June 20, 19 58	and that death occur	red at 1 • 22 M, from th	, city or town, state)	saw the deceased date stated above DATE SIGNER 6-24-58
		inan M. D.	Cumberland, 1	laryland.	
	Burnel 6/24/58	St. Patriche	Cum	(City, town, or county)	Mistate)
	23. FUNERAL DIRECTOR'S SIGNATURE Louis Stein Inc.	Cremb. Md	240. REC'D BY REGISTRAR DATE JUN 2 6 '58	0/	TURE

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C270	ATE OF DEATH  Reg. Di	151. No. 0634
1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Resider	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FROSTBURG  12-6000	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MINERS HOSPITAL	RT 1 BOX 4259	e. IS RESIDE ON A FA YES N
3. NAME OF DECEASED (Type or print) BABY GIRL Middle	Lost 4. DATE Month OF DEATH	Day Yeo
5. SEX  FEMALE  6. COLOR OR RACE  WITH TE  WIDOWED DIVORCED  DIVORCED		Doys Hours
10a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired)		W.S. A.
DAVID E. HOBEL	14. MOTHER'S MAIDEN NAME CAROLS N KAY KI	PK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	FATHER RT# FROSTS	11:RG - 11.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	79	INTERVAL BETWONSET AND DE
Conditions, if ony, which ) (b)		

(Type or print) /3 AGY GIAC / HOBEL DEATH	5 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  DAVID E. HOBEL  14. MOTHER'S MAIDEN NAME  CAROLYN KAY	KIRK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes no. or unknown)   If yes, give wor or dates of service)   FATHER RT#   FROS	STBURG - M.D.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoling the under-lying couse lost.  (b)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 42 17 14 7 5 5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTI	I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
20c. TIME OF INJURY Manth, Day Year Not while Not while of work of wor	(County) (Stote)
21. I certify that I attended the deceased from TUNE 5, 19 58, to TUNE 5, 19 58, alive on TUNE 5, 19 58, and that death occurred at 2.28 AM, from the causes and ADDRESS (Street, city or town, sto SIGNATURE TRANSCRIPTION M.D. 48 GRO ADVAY  PHYSICIAN'S NAME (Type) MARTIN AL ROTHSTEIN M.D. FROSTBURG MD	d on the date stated above.
270. BURIAL CAMBRIAN, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or of LOCATION (City, or of LOCATION (City, or of LOCATION (City, or of LOCATION (City, or of LO	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RY FROSTS 189 DATE JUN 9 '58 OLL	esuch
2061191XVO	

Dist. No.06343

RURAL e. IS RESIDENCE ON A FARM? YES NO 🔯

Year

VS A15 (4) 15M 9/55

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

6379 CERTIFICATE OF DEATH

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Reg. Dist. No. 06344

										-		
1. PLACE OF DEATH a. COUNTY	Allegany		MARYL	AND 2.	o. STATE ME	erylar	ere deceosed	lived. If instituti b. COUNTY	oni Reside	nce before	odmiss	an)
b. CITY OR TOWN RURAL and give I	(If outside carporate timinearest town)	ts, write	c. LENGTH OF STAY II		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  43 Westernport							
d. NAME OF HOSP OR INSTITUTION	17AL (If not in hospital, g 207 Hammond	ive street	oddress)		d. STREET ADDRESS  207 Hammond  4. IS RESIDENCE ON A FARM? YES 1 NO [						FARM?	
3. NAME OF DECEASED (Type or print)	Elsie	s1	Belle Middle	Не	las We		4. DATE OF DEATH	Mor June		Doy 19		9 58
5. SEX Femald	6. COLOR OR RACE White	7. MARR	NEVER MARRIED  DIVORCED	-	ATE OF BIRTH	1887		9. AGE (In years lost birthday) yrs.	Months	Doys	F UNDE Hours	R 24 HRS. Min.
100. USUAL OCCUPATI during most of wo House Wi	ION (Give kind of work rking life, even if retired	dane 10b.	kind of Business or Own Home	INDUSTRY	11. BIRTHPL		ar fareign co	untry)		TIZEN OF	WHAT	COUNTRY
13. FATHER'S NAME	avid Ravens	croft		14	. MOTHER'S	MAIDEN N		y Whorry				
	ER IN U. S. ARMED FOR			17. INFO	244 A D.IT		Mer	y WITOTTY				
(Yes, no, or unknown)	(If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. 114707		liam H	Iowe	A00		tern	port	, Md.
Conditions, if gave rise to cause (o), stoling lying couse lost	immediate DUE TO	. 0	Id paster	ier	Arts into	reti	D15e. m	150		4	Kne	wh
ICATIC	THER SIGNIFICANT CON								/EN IN PAI		PERFO YES	RMED?
	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature a	f injury in P	Port I ar Part	II af item 18.)				
20c. TIME OF INJU Haur a. m. p. m.	10	20d. It While at war	Not while	PLACE ( factory,	OF INJURY (i street, affice	Home, farm, bldg., etc.	, 20f. (City	or tawn)		(Caunty)		(Stote)
actual SIGNATURE PHYSICIAN'S	Time 15  Faul R	deceas ., 195	49	4	_, 19 <u>.58</u> curred at	11:35A	M, fram	the causes of reet, city or lown,	and an		state	
22a. BURIAL, CREMATI	ON, 22b. DATE THEREC	)F	22c. NAME OF CEME	TERY OR CR	EMATORY		22d. LOCAT	ION (City, town,	ar caunly)		(Stote	p}
Burial (Specify	June 22,	1958	Nethkin F	Hill O	em.		E11	c Garden		W.	Va.	0.00
23. FUNERAL DIRECTO		W	ADDRESS lesternport,	Mary	land	24a. REC'E	N 2 3 5		STRAR'S SI	1.		

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ours after death. Page 4	by the funeral director,	

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6341 CER

TIFICATE OF DEATH	Reg. Dist. No.

								Reg. Dist.	NO.		
1. PLACE OF DEATH o. COUNTY	11		MARYLA	ND	2. USUAL RESIDENCE (WE o. STATE	here decease	ed lived. If institut		pefore admission)		
	Llegany	**			Maryla			Alleg	any		
RURAL ond give n	If outside corporate limit earest town)	s, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Cumber	land		61 yrs.		02 Cumber1:	and					
OR INSTITUTION	TAL (If not in hospital, gi	ve street	oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?		
Men Men	orial Hospi	tal_			519 Was	hingto	n St.		YES NO NO		
3. NAME OF DECEASED (Type or print)	First Helen	1	Middle		Lost ' Jacob	4. DATE OF DEATH	Mor June	oth 5.	Day Year 1958		
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years		EAR IF UNDER 24 HRS.		
Female	White	WIDOW			May 11. 189	7	fost birthdoy) 61 yrs.	Months Do			
10a. USUAL OCCUPATION	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stole	or foreign o	ountry)	12. CITIZEI	N OF WHAT COUNTRY?		
during most or wor	king life, even if retired)		Own Home		244		f.a	77 6			
13. FATHER'S NAME	CHILO		OWIT HOME		Mt. Sav		14.	U.S.	A		
Hugh A.	McMullen				Anna Mu	11edv					
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress			
No. or unknown)	(If yes, give war ar dates of se	rvice)	None	Wi	11iam C. Jac	ob (	Cumberlan	d.Nd.			
18. CAUSE OF DEA	ATH [Enter only one cou	se per li	ne for (o), (b), and (c).						NTERVAL BETWEEN		
	TH WAS CAUSED BY:	R	RONCHOPA	15	MINALIA				DNSET AND DEATH		
170X	IMMEDIATE CAUSE (o)		CONCAUPI	4	MADINITI		11116 6	1.1.7			
1		1	1 0000100			_	UNGS	LIVE	2,		
Conditions, if o			KCINONA	05	15, GENERA	1/	LEURI	9			
couse (o), stating		1 -	for a	-	1064	L	- + M	Carl	0 P.T 100		
lying couse lost.	) (c)		leccocare i				ast re		2 00 175		
PART II. OTI	HER SIGNIFICANT CONE	ITIONS (	ONTRIBUTING TO DEAT	BUT	NOT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PART I	19. WAS AUTOPSY		
8									PERFORMED?		
20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter noture of injury in	Part I or Par	t II of item 18.)	-	1 10 110		
Z PART II. OTI	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)										
3 20c. TIME OF INJUR		204 11	NJURY OCCURRED 20	D PLA	CE OF INJURY (Home, form	7006 15:1		15			
20c. TIME OF INJUR Hour o. m.		While	Not while	foci	lory, street, office bldg., etc	.)   201. (City	or town)	(Cour	nty) (Stote)		
₹ p. m.	۱۶	of wor	k ot work								
21. I certify th	at I attended the	deceas	ed fram tau		, 1935 , to 1	here	163	that I last	saw the deceased		
alive on	une 5	_, 195	and that d	eath	accurred at 1/1 5	M from			date stated abave.		
V	Ma.		,		~	ADDRESS (S	treet, city or town,	stote)	DATE SIGNED		
ACTUAL SIGNATURE	telles	111	an	A	1.D. 59 (	gree	ue ST		6/6/10		
	0	11.		1	0	3	1	/ /			
PHYSICIAN'S NAME (Type) —	> 01	NI	=15/7/1		l'un	bel	and,	West			
220. BURIAL, CREMATIC			22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)		
REMOVAL (Specify)	June 7.19	958	Calvary Ce				sburgh.	77-	(0.0.0)		
23. FUNERAL DIRECTOR			ADDRESS			D BY REGIST		STRAR'S SIGNA	TAIRE		
Charles L.		Cı	umberland, M	d.			8 000	O	7		
					DATEJU	19 -		resul	A		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 July be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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* (		

Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO DO Month Day Year 58 6 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys 12. CITIZEN OF WHAT COUNTRY? Pennsylvania Bedford Co.

DATE JUN 3 0 '58

(Stole)

Address Pulaski St., Cumb. Md. INTERVAL BETWEEN ONSET AND DEATH PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 19.5 that I last saw the deceased and that death accurred at 2 AM, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED

10 VS A15 (4) 15M 10/57

Charles L. George

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM

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YES NOT

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

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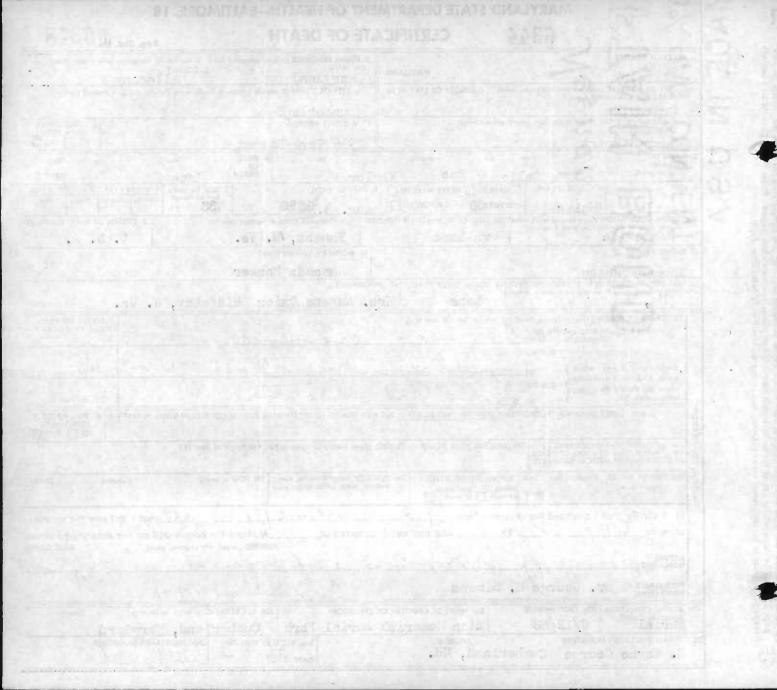
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6344 **CERTIFICATE OF DEATH**  Reg. Dist. NJ.6348

1. PLACE OF DEATH  o. COUNTY  Allegany	MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	The second second second	b. COUNTY	on: Residence b	efore admis	sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	OF STAY IN 16	c. CITY OR TOW	N (If oulside corpo	rote limits, write R	URAL ond give	nearest low	n)
Cumberland		O2 Cumberla	and				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDR	ESS			e. IS RES	FARM?
Sacred Heart		316 Parl	k Street				NO 🖾
3. NAME OF First DECEASED (Type or print)	Middle	Lost	4. DATE OF	Mon	th		Yeor
Uerra mac		ylor	DEATH	June	9		1958
OF COLON ON MACE IN MAKKIED NEVER	R MARRIED	B. DATE OF BIRTH	99	9. AGE (In years lost birthday)  58 yrs.	Months Day		Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS	INESS OR INDUS				12. CITIZEN	OF WHAT	COLINITEN
during most of working life, even if retired) Housewife Own home				om, y,			
13. FATHER'S NAME	-		, и. Va.		U.	S. A.	
		14. MOTHER'S MAII					
Thomas Dornon			a Barker				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown) (If yes, give wor or dates of service)		NFORMANT		Adde			
No, None	Mr	s. Eugene	Oxier R	idgeley,	W. Va.		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  DUE TO  (c)	ado.	obstr	of c lasta	us ge	walz	, il	aze
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  20d. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					EN IN PART 1(o)	19. WAS PERFO YES	RMED?
	JURY OCCURRED	D. (Enter noture of inju	ry in Port I or Port	II of item 1B.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR Hour o. m. 19 While Not while of work of work	e foc	ACE OF INJURY (Home, tory, street, office bldg	, form, 20f. (City 1., etc.)	or town)	(Count	γ)	(Stote)
ACTUAL SIGNATURE &	d that death	19.5 ta accurred at	M, fram	the causes a cet, city or town,	nd an the d	late state	
NAME (Type) 21 . GCGT EQ 11. DIMOTE	OF CEMETERY OF	Cur	huls	1 m	4		
Burial 6/12/58 Zion M	lemorial.			on (City, town, o		(Store	•)
23. FUNERAL DIRECTOR'S SIGNATURE  H. Wayne George Cumberland, Mo		24o.	REC'D BY REGISTE	AR 24b REGIS	TRAR'S SIGNAT		710



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 06349
HEALTH DEPT.		ACCOUNTY Mere decoded lived. If institution: Residence before admission)  o. STATE Manyland b. COUNTY allegany.
your files.	t	CITY OR TOWN (It ausside corporate limits, write RURAL and of a nearest town)  Picardy Pural  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If ausside corporate limits, write RURAL and of a nearest town)  Picardy Pural  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If ausside corporate limits, write RURAL and of a nearest town)
oard direction of the control of the		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
the function of record		NAME OF LOST John First H. Middle Lost 4. DATE Month Day Year OF DEATH June 20 1958
5 may b 2 with nours of	5. 5	Male White WIDOWED DIVORCED DI
Poge l ond min 72 h	3	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Torner Farm Cumberland U. S.A.
m PM3.	1	James Kenney Clara Taylor.
with for	15.  Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wer or dates of service) Cumb. M. Q.
sit perm		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Caronary Geclusion  Sudden
in pencil in increased a berial-tron		Conditions, if any, which gave rise to immediate cause (a), staling the junderlying cause last.  DUE TO  Caranary Scleroses  DUE TO  (c)
ad Exam al Exam ased as remotiar	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
f Medic old be uniol, c	L CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY   ar CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH.
ng the Chie	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. m.  p. m. 19 20d. INJURY OCCURRED While Not while at wark at wark at wark 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)
ded to t		21.'I certify that I took charge af the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
forward of snated of		ACTUAL Benedict Statuslic M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED  ASSISTANT MEDICAL EXAMINER
NEW Sesign	220	EXAMINER'S BENEDICT SKITARELIC DEPUTY MEDICAL EXAMINER
10 F Sh		BUBIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Nown, or county) (State)  SANOVAL (Special County) (State)  Wy D.  FUNERAL DIRECTOR'S SIGNATURE  ADDIVIS
S. A15ME 5M 2/57		Louis Stein Inc. Cumb. Md. DATTUN 26 '58 all Lesuch

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

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Pag Dist No

L PLACE OF DEATH  ALLEGANY  AARYLAND  2. USBAR RESIDENCE (Where deceaved lived. If ionitration: Braidence before admission)  b. COUNTY  ALLEGANY  AARYLAND  2. USBAR RESIDENCE (Where deceaved lived. If ionitration: Braidence before admission)  b. COUNTY  ALLEGANY  ALLEGANY  ALLEGANY  TO AVS  7. DAYS  OR INSTITUTION  ASTRET ADDRESS  C. USBAR OF BETT CORNERS  C. USBAR OF BETT CORNERS  C. OLORO OR BACE T. MARRIED DIVOCKED DIVOCKE						Keg, Dist. 140.	
CUMBERLAND  d. NAME OF HOSPITAL (If no in hotaly) FUTURE SAND  d. NAME OF HOSPITAL (If no in hotaly) FUTURE SAND  d. STREET ADDRESS  9. AGE (In year)  12. NAME OF HOSPITAL HOSPITAL—MEMORIAL AVE  13. BOONE STREET  14. DATE  ON A FARM  PET Mode  TYPE OF PINIT  NO A FARM  DOBATH  PET MODE TO SAND STREET  15. WAS BOONE STREET  16. DATE  ON A FARM  PET MODE TO SAND STREET  17. MIGGIE  18. DATE  ON A FARM  PET MODE TO SAND STREET  19. AGE (In year)  PET MODE TO SAND STREET  10. DATE  ON A FARM  PET MODE TO SAND STREET  10. DATE  ON A FARM  PET MODE TO SAND STREET  10. DATE  ON A FARM  PET MODE TO SAND STREET  10. DATE  ON A FARM  PET MODE TO SAND STREET  10. DATE  ON A FARM  PET MODE TO SAND STREET  ON A FARM  ON A FARM  ON A FARM  PET MODE TO SAND STREET  ON A FARM  ON A FARM  ON A FARM  ON A FARM  PET MODE TO SAND STREET  ON A FARM  ON	a. COUNTY	(	MARYLAND	2. USUAL RESIDENCE (W. O. STATE MARYLAND		TV	re admission)
d STREET ADDRESS  of STREET ADDRESS  of STREET ADDRESS  of STREET  of STREET ADDRESS  of STREET ADDRESS  of STREET  of ST	RURAL and give of	neorest town)				RURAL ond give nea	srest fown)
DECEASED (Type or print)  EDGAR  T. KOLB  DEATH  JUNE  2 19 58  5. SEX  6. COLOR OR RACE  WHITE  WIDOWED  DIVORCED  DIVORCED  AUGUST 2, 189 8  DIVORCED  AUGUST 2, 189 8  DIVORCED  DIVORCED  AUGUST 2, 189 8  DIVORCED  AUGUST 2, 189 8  DIVORCED  AUGUST 2, 189 8  DIVORCED  DIVORCED  AUGUST 2, 189 8  DIVORCED  AUGUST					STREET		ON A FARM?
S. SEK   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   AUGUST 2, 1898   9. Months   Mont	DECEASED				OF		
Section   County	MALE	WHITE WIDON	WED DIVORCED	AUGUST 2, 189	8 59 birthday	irs IF UNDER 1 YEAR ) Months Doys	IF UNDER 24 HRS.
FREDERICK KOLB  IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IG. SOCIAL SECURITY NO. 17. INFORMANT  Address  Yes   War 1   OF OND - 05 - 4611   MEMORIAL HOSPITAL   CUMBERLAND, MD.  III. CAUSE OF DEATH (Enter only one couse per line for (o). (b). and (d).    PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF:  IMMEDIATE CAUSE OF DEATH  Enter only one couse per line for (o). (b). and (d).    PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUTOPSY PERFORMED?  PERFORMED?  TO CONTRIBUTING CAUSE OF DEATH ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUTOPSY PERFORMED?  PROTITION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUTOPSY PERFORMED?  TO CONTRIBUTE OF INJURY MEDICAL EXAMINER)  TO CONTRIBUTE OF INJURY MEDICAL EXAMINER  TO COUSE OF INJURY MEDICAL E	Machin	rking life, even it refired)					
15. WAS DECEASED EVER IN U. S. ARRED FORCES? (17. NO or wholewed all verview)  WAS DECEASED EVER IN U. S. ARRED FORCES? (17. NO or wholewed all verview)  WAS DECEASED EVER IN U. S. ARRED FORCES? (17. NO or wholewed all verview)  WAS DECEASED EVER IN U. S. ARRED FORCES? (17. NO OR WHOLE CAUSE (17. NO OR PART I. DEATH WAS CAUSED BY. DECEASED (17. NO OR PART I. DEATH WAS CAUSED BY. DUE TO COUNTY OF THE PART II. DEATH WAS CAUSED BY. DUE TO COUNTY OF THE PART II. DEATH WAS CAUSED BY. DUE TO COUNTY OF THE PART II. DEATH WAS CAUSED BY. DUE TO COUNTY OF THE PART II. DEATH WAS CAUSED BY. DUE TO COUNTY OF THE PART II. DEATH WAS CAUSED BY. C		2221214 1424 2					
The control of the							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED?  YES OD. ACCIDENT WAS UNDERLYING CORRESTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CONTRIBUTING COURSED OR ACCIDENT WAS UNDERLYING COURSED OR CONTRIBUTING COURSED INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 19 and Injury occurred to the course of t	(Yes, no, or unknown)	(If yes, give wor or dates of service)	705 05 4037				0.
PERFORMED? YES NO   20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 While of work o	gave rise to cause (a), stoting lying couse lost.	ony, which immediate g the under-	Corests	NOT DELATED TO THE TERM	lerosis		2 MAS AUTORS
Hour o. m. p. m.  19 While of work of work of tectory, street, office bldg., etc.)  21. I certify that I attended the deceased fram the property of the course and on the date stated above actual signature of the course of the	20g. ACCIDENT W	AS UNDERLYING 20b. DE				THE INTERNITOR	PERFORMED?
alive on	20c. TIME OF INJU Hour o. m. p. m.	Whil	e Not while fa			(County)	(Stote)
22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF (Stote) (Stote)	actual signature Physician's	rlenge 2	Sures	occurred at 8:0	OPM, from the causes ADDRESS (Street, city or low	and on the dat	
Dailer Control in the control of the	220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town	. 37.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  TO MOSE F. GORREOTH CHIMPORT and Md					D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATUR	E

the funeral director, shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page PIRECTOR: After this certificate has been signed by the ottending physician ond completely filled d be detoched for use os the burial-transit permit. Then please remove carbo prior to burial, cremation, or remaval, and in any event within 72 hours often may be retained by the hospital or ottending physician.

TO FUNERAL PIRECTOR: After this certificate has been s VS A15 (4) 15M 10/57

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YEADSIJA	1 11		YEAR	771
	GM., C. 47		G AJA	Alexander of the second
		30 (L) XII	White - J. Bleech Lo.	
	3.00			
	881 . 1884		5TH 2	24
		Anna Land		
	MESC TITAN		PARTER OF MALE	
	CONTROL WIRDON	FLOT-BL-BOX		

A15 (4) 15M 9/55

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Allegany c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Narrows Park - Cumberland e. IS RESIDENCE ON A FARM? YES NO X Year 9 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? U. S. Address Cumber land INTERVAL BETWEEN ONSET AND DEATH WILLER PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO (County) (State) that I last sow the deceased M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (State) Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATUR Silcox Cumberland DATE in educa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

132 Kirtong Pack - Sunb, of the Course of Marrows Park - Canana Course senderous Parket Combination, id a combined and a larger Miston Dicken Lashiey ! Wene unite bestern amount sept 43, 1979, and Bosistani - committee - remodel Lacriff Lacriff to Lacriff southing whomes - Wellings of thus COLO VSIL ST MORN THE MENT ALSO N and the second of the second control of the second control of the second ALIENSE DE L'ALOR DEBERTATION DE SENTENCE Book termin | Since thickers | xeo I No . u ou page

06352

CERTIFICATE OF DEATH

M	Dist.	AI-
Keq.	DIST.	NO.

		634					Reg.	Dist. No.	
	LEGANY		MARYL	AND	USUAL RESIDENCE (V o. STATE MARYLAND		b. COUNTY	dence before a	edmission)
RURAL	R TOWN (If outside ond give nearest taw	corporate limits, wri n)		N 1b	CHAPERIA		mits, write RURAL o	nd give nearest	town)
d. NAME (	ERLAND DE HOSPITAL (IF not TITUTION AL HOSPIT	in haspital, give str WARWICAL - MEMOR	AND		d. STREET ADDRESS	GINIA AVE.			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or pr		First TERRY	Middle Alan	<b>.</b> .	LEWIS	4. DATE OF DEATH	Manth JUNE	Doy 8	Yeor 19 <b>5</b> 8
5. SEX MALE		0.4.6.791.000	MARRIED NEVER MARRIEI OWED DIVORCED	H	DECEMBER 1	las	E (In years IF UN t birthday) Mapti yrs.	DER 1 YEAR IF	UNDER 24 HR ours Min.
during m	ost of working life, e Infant	kind of work done even if retired)	None		CUMBER	RLAND, MAR	YLAND 12.	U. S.	
13. FATHER'S		TON LEWIS		1	4. MOTHER'S MAIDEN  DOROTI		INKMAN		
15. WAS DEC	EASED EVER IN U.S		16. SOCIAL SECURITY NO. None	17. INFO	RMANT	PITAL	Address	LAND, M	ARYLAN
gove r couse (o lying co	ions, if ony, which rise to immediate s), stating the under ouse lost. ART II. OTHER SIGNI	DUE TO	NS CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN IN		ERFORMED?
200. ACC OR CONT (IF EITHEI	CIDENT WAS UNDER TRIBUTING CAUS R, NOTIFY MEDICAL	LYING 20b. E OF DEATH EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (E	nter nature af injury i	n Part I or Part II of	item 18.)	AF	S NO [
	OF INJURY Month ur o. m. p. m.	w	id. INJURY OCCURRED hile Not while work of work	20e. PLACE foctory	OF INJURY (Home, fo , street, affice bldg., e	rm, 20f. (City or tax	~n)	(County)	(Stat
21. I co alive o ACTUAL SIGNATU PHYSICIA NAME (T	IN'S DD II	encled the dec	and that	death ac	198, ta curred at 533	20PM, from the ADDRESS (Street, M. M. S.)	causes and a	I last saw in the date	
Bur		/11/58	22c. NAME OF CEME		etery	Cumber		yland	(State)
	les L. Ge		ADDRESS iberland, Mary	yland	DATE J	UN 1 3 '58	20 REGISTRAR'S	such	

all hell		ATE OF DEATH	DEIDED CA		
		CANAL TO SERVICE STATES OF THE SERVICE STATE			
			ATM TO KIND A THE		
		AMIABIN POPI			
		81/65	Hotel Ho		
			Marino has Donne		
• 1 • 5	BARYCARD				
	- MACHERINA	ati ve myer		ALL SOTUMATES	
	100	Barrason Decree	400		P

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6348 **CERTIFICATE OF DEATH** 

Reg. Dist. No.06353

a. COUNTY Allegany	MARYLAND	o. STATE	b. (	COUNTY	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16			Allegar b, write RURAL and give	
Cumberland		02 Cumberlar	nd		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
327 City Vie	w Terrace	327 City V	liew Terrac	e	YES NO
3. NAME OF DECEASED (Type or print) James Allard	Middle Lowery	Lost	4. DATE OF DEATH	Manth June 22.	Day Year 1.958 19
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (		AR IF UNDER 24 HRS.
Male White WIDOW		Oct. 23, 1	880 77	yrs. Manths Day	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) Retired Machinist helper	KIND OF BUSINESS OR INDI		ar foreign country)  Marylar		S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN			5
Thomas Lowery		Elizabet	h Kirk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	44 4144 41	Address	
1,1,1,9,1	05-07-9640 N	rs Jessie Low	erv. 327 0	ity View Te	err. Cumb.
18. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]			11	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	teriosclerot	cic Cardio-v	rascular	Disease C	STEE SAN TRUE
422.1 DUE TO					
Canditions, if any, which gave rise to immediate cause (a), stating the under-					
lying couse last. ) (c)					
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART 1(d	PERFORMED? YES NO
	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II af iten	18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. It Haur a.m. 19 While at war	_ Nat while fe	LACE OF INJURY (Hame, form actary, street, affice bldg., etc	20f. (City or tawn)	(Coun	ty) (State)
21. I certify that I attended the decease	ed from 6 - 2	22 , 19 58, to	6 - 22	19 50 that I last	saw the deceased
alive an 6 - 22 , 19	58, and that deat	accurred at 3:00	PM, fram the co		
2 12			ADDRESS (Street, city		DATE SIGNES
SIGNATURE Kaya to Bace	res .	M.D. 62 Gree	ene St.		6-23-58
PHYSICIAN'S Ralph W. Bal:	lin M	.D. Cumber	Land,	Md.	effective distribution data que que que que distribution des que que
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City	r, tawn, ar caunty)	(State)
Burial June 25, 1958	Sunset Memor	ial Park	Cumber1a		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC	D BY REGISTRAR 2	TO REGISTRAR'S SIGNA	TORE
Charles L. George, Cumber	cland, Md.	DATE JU	N 2 5 '58	With educe	h

BY STOMPLE - NO. 1821 SO THE WINDS STATE SHEET SAME HYARO RO SYADINE RED - PLAZZA NO Note that we want the second of the second o Fact of the time and advant tracks in the section without the section of the sect 

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	: After this cerificate has been signed by the attending physician and campletely filled in bix, the funeral director,	ched for use as the burial-transit permit. Then please remove carban papers. Pages 1 o	
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ng most at work	N (Give kind of work	WIDOWI		B. DATE OF BIRTH  12-6-1878		9. AGE (In years lost birthday) 79 yrs.	IF UNDER Months		Hours	R 24 HRS. Min.
ER'S NAME	rman	)	KIND OF BUSINESS OR IND  M. Business	Piney Gro	NAME			S.A.		OUNT
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A COUNTY	ditions, if on a rise to im (o), stoing it (o). Stoing it (o). Stoing it (o). PART II. OTHIC CCIDENT WAS NOTIFIED TING HER, NOTIFY A ME OF INJURY tour a.m., p. m.	DUE TO  ditions, if ony, which rise to immediate (lo), stoting the under- couse last.  PART II. OTHER SIGNIFICANT CON  CCIDENT WAS UNDERLYING  NATRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  ME OF INJURY Month, Day, Ye flour a.m. p. m. 19  certify that I attended the	DUE TO  ditions, if ony, which rise to immediate (c), stoting the under- couse last.  PART II. OTHER SIGNIFICANT CONDITIONS C  CCIDENT WAS UNDERLYING  NATRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  ME OF INJURY Month, Day, Year four a.m. p.m.  19  Certify that I attended the decease	DUE TO  Couse last.  CCIDENT WAS UNDERLYING   CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work   19 of w	DUE TO  (b)  DUE TO  (c), stoting the under- couse last.  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ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATUREHAFER Funeral PRHOME 24 Frostburg Md. PO REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 3 '58 DATEJUN 1 23 E. Main, Frostburg, Md.

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IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

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YES NO

Year

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Lonaconing, MD.	U.S.A.
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MANT Address	
LENARD WOYNICZ, LONA	ACONING, MD.
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Cardiovoxcular Di	years -
RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
nter noture of injury in Port I or Port II of item 18.]	
OF INJURY IHome, form, 20f. (City or town) street, office bldg., etc.)	(County) (Stote)
61 460	nat I last saw the deceased an the date stated abave.
ADDRESS (Street, city or town, stok	
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D. FROSTOURG	hid -
EMATORY 22d. LOCATION (City, town, once	ounty) (State)
etery Lonaconing,	MD.
24a. REC'D BY REGISTRAR 24b. REGISTRA	R'S SIGNATURE
MD. DATE JUN 3 0 '58 POLA	erich
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23. FUNERAL DIRECTOR'S SIGNATURE

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×	*	0	64	or its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours after death.	
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of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary		4 shauld farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you	10 FUNENAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Ship coord a		
V5.	W.	151	7	-	

Items 8 &	MARYLA 9 Film MED		ENT OF HEALTH—BALTIMORE, 18 S CERTIFICATE OF DEATH Reg.	0.6357			
1. PLACE OF DEATH 0. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	dence before odmission) Llegany			
b. CITY OR TOWN III and give nearest fown) Cumberlar		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL of Cumberland,	nd give nearest town)			
d. NAME OF HOSPITA 222 Schle		ot in hospital, give street address)	d. STREET ADDRESS 109 Frederick St.,	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	CHARL.	Middle	Lost 4. DATE Month OF DEATH June	Doy Yeor 24. 19 58			
5. SEX Male	777 * 4		DATE OF BIRTH 1880 9. AGE [In years of brighted] Months	R 1YEAR IF UNDER 24 HRS. Days Hours Min.			
100. USUAL OCCUPATIO during most of working Retired fa	life, even if retired)	Farm owner	TRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT  Everett. Penna.  U. S. A.				
13. FATHER'S NAME Andrew M	cFarland		14. MOTHER'S MAIDEN NAME Elizabeth Leader				
	R IN U. S. ARMED FORCE JIF yes, give war ar dates at serv	ical	NFORMANT Address s. Roy McFarland Everett, Penn	na.			
PART I. DEATI	H [Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (o), (b), and (c).]  Coronary Occ	lusion	INTERVAL BETWEEN ONSET AND DEATH Sudden			

No,	11. /11. 8.4	211-18-1104	Mrs. Roy	McFarland	Everett,	Penna.	
	diate cause		Occlusion clerosis				erval between 1881 and death Sudden
PART II, OT  20a. EXTERNAL CA PRIMARY [] or CO CAUSE OF DEATH	INTRIBUTING []	S CONTRIBUTING TO DEATH				'EN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO

Haur a.m. p. m.		While Not while at work of work	20e. PLACE OF INJURY (Home, farm, 20 factory, street, office bldg., etc.)	f. (City or town)	(County)	(Sto
21. I certify that	I took charge af	the remains describ	ed above, held an Autopsy 🗌	], Inspection 🖎,	Inquiry 🔼,	and in

apinian death resulted fram: Natural causes 4. Accident 1. Suicide . Hamicide . Undetermined monner

DATE SIGNED

ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER

> ASSISTANT MEDICAL EXAMINER Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER

EXAMINER'S NAME (Type) June 24, 1958 220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 6/27/58 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Providence Cemetery Everett, Penna. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR Charles L. George

24 REGISTOAR'S SIGNATURE DATE JUN 2 6 '58

(Stote)

Cumberland, Md.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH " Carrielle United the model Everyt, Jierry's . also is the wall that the service and AULINI - IS

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.06358

		4 1						MON. DIS	. 140,-	
1. PLACE OF DEATH a. COUNTY	A 2 2		MARYL	AND	2. USUAL RESIDENCE (W		d lived. If instituti b. COUNTY			
b. CITY OR TOWN RURAL and give r	Allegany (If outside corporate limited	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF		rate limits, write R		egan	
Cresant			20 yea	ne	X Cros	antow	n			
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g		address)		d. STREET ADDRESS	sap.cow			0	RESIDENCE ON A FARM?
	Residence	, Cr	esaptown						YE	S NO D
3. NAME OF DECEASED (Type or print)	Marv	'sl	McKee		Last	4. DATE OF DEATH	June	10	Day	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		8. DATE OF BIRTH		9. AGE (In years	IF UNDER I	YEAR IF L	JNDER 24 HRS.
Female	White	WIDOWE			March 28,188	0	last birthday) 69 yrs.	Months [	Days Ho	ours Min.
10a. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OF	INDU	TRY 11. BIRTHPLACE (State	ar fareign c		12. CITIZ	EN OF W	HAT COUNTRY
auring mast at wa	rking life, even if refired	)								
13. FATHER'S NAME	Ie		Own Home		Scotland 14. MOTHER'S MAIDEN	NIAME		U	SA	
TO TATTLE STEAME					14. MOTHER 3 MAIDEN	NAME				
	ames Cull									
	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. 1	NFORMANT		Add	ress		
No			None	Mr	s. Helen Dur	er. Cr	esantowr	. Mar	vlan	d
IB. CAUSE OF DE	ATH [Enter anily ane co	iuse per lir	ne far (a), (b), and (c).						INTERYA	L BETWEEN
PART I. DE.	ATH WAS CAUSED BY:	Co	ronary oc	clu	sion				Jus &	AND DEATH
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Conditions, if			ronary He	art	Disease				-	, our o
gave rise to	immediata (									
cause (a), stating lying cause last.	ine under-									
	, 10		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION CIV	CAL INI DADT	1/=\ 10 \	AC AUTORCY
E a /	Diabetes	mel	litus		6	years		EN IN PAKI	PE	RFORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OC	CURRED	). (Enter nature of injury in	Part I ar Part	II of item 18.)	E Ta		
	RY Manth, Day, Yea			20e. PL/	CE OF INJURY fHome, form	n, 20f. (City	or town)	(Co	unty)	(State)
Hour a.m.	19	While at work	Not while at work	fac	tary, street, office bldg., etc	:-)				
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	_		10			A	, 19	,that I lo	ist saw t	the decease
alive an 6	10		20, and that a	death	accurred at 4:45				e date s	
ACTUAL	D . /	2					reet, city or town,	state)	-	DATE SIGNE
SIGNATURE	raga w	10	ellia,	/	и.в. 62 Gr	eene	St.		0	-11-58
PHYSICIAN'S										
NAME (Type) R	alph W. Ba	llin	M.D. 62	Gre	ene-Street,-	Cumbe	rland. h	laryla	nd	
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREO	F	22c. NAME OF CEMET				ION (City, town,			(State)
Burial	June 12.	1958	Frostbur	e Me	em. Park	Frost	burg, Ma	rvlan	d	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			D BY REGIST		STRARYS SIGN		
John J. Ha	afer, Cumb	erlar	nd, Marylan	nd	DATE	JUN 1 3		Ufea	uch	

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ARYLAND	STATE DEPARTMENT	OF	HEALTH-
6351	CERTIFICATE	OF	DEATH

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-BALTIMORE, 18

Reg. Dist. No. 06359

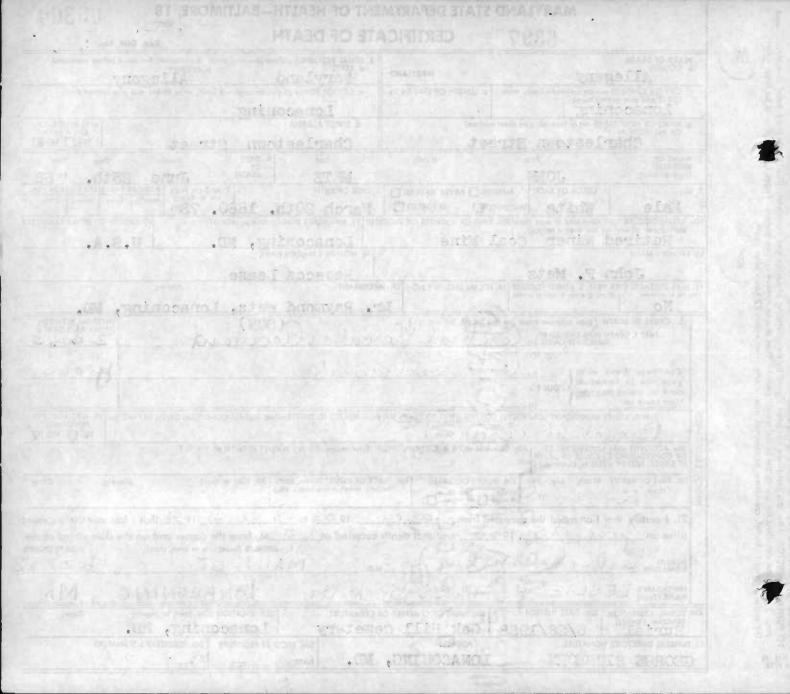
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1. PLACE OF DEATH  o. COUNTY  ALLEG	ANY	MARYLAND	2. USUAL RESIDENCE (MORYL)	There deceased lived. If in b. COL		
RURAL and give ne	RLAND, MD.	c. LENGTH OF STAY IN 16		outside corporote limits, w ERLAND	rite RURAL and g	ive nearest town)
d. NAME OF HOSPIT OR INSTITUTION ME.MOR I	MEMORITATION HOSP	of gardenss)	d. STREET ADDRESS.	T MARY ST.,		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CLAI	111 00710 47040	MERRITT	4. DATE OF DEATH	Month JUNE	12 Yeor 19 58
FEMALE	WHITE	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH DEC. 24, 190		doy) wrs.	YEAR IF UNDER 24 HRS. Doys Hours Min.
during most of work	ON (Give kind of work done I ling life, even if retired)	0b. KIND OF BUSINESS OR INDU	JSTRY 31. BIRTHPLACE (STOTE	or foreign country) ND Cumberlan	4	SAA
3. FATHER'S NAME			14. MOTHER'S MAIDEN			
	FREDERICK H.	BEAR	KATHERINE	Wooner		
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	3.7	r. Roy L. Mem	ritt 111 W.	Address Mary St	Cumb. Md.
Conditions, if or gove rise to in couse (o), stoting lying couse tost.	the under- DUE TO (c)	Cancerna as Contributing to Death Bu	of Ruch	um.		6 years
PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)		DESCRIBE HOW INJURY OCCURRI				PERFORMED? YES NO
OR CONTRIBUTING	CAUSE OF DEATH	reservate from hajoki occorri	to. (thier holdre of injury in	FOR LOT FOR 11 OF HEM 10	4	
20c. TIME OF INJURY Hour o. m. p. m.	Wh		LACE OF INJURY (Home, for actory, street, office bldg., etc.)	n, 20f. (City or town)	(Co	ounty) (Stote)
21. I certify the alive an	J. STEGMALE	Slegmanin	, 19. <b>5</b> -2, ta_ h accurred at <b>9:23</b> M.D. 122 do (		es and an th	DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 22b. DATE THEREOF 6/14/58	St. Luke's		22d. LOCATION (City, to Cumberland		(Stote)
3. FUNERAL DIRECTOR'S Charles I		ADDRESS berland, Maryla	24a. REC		REGISTRAR'S SIG	

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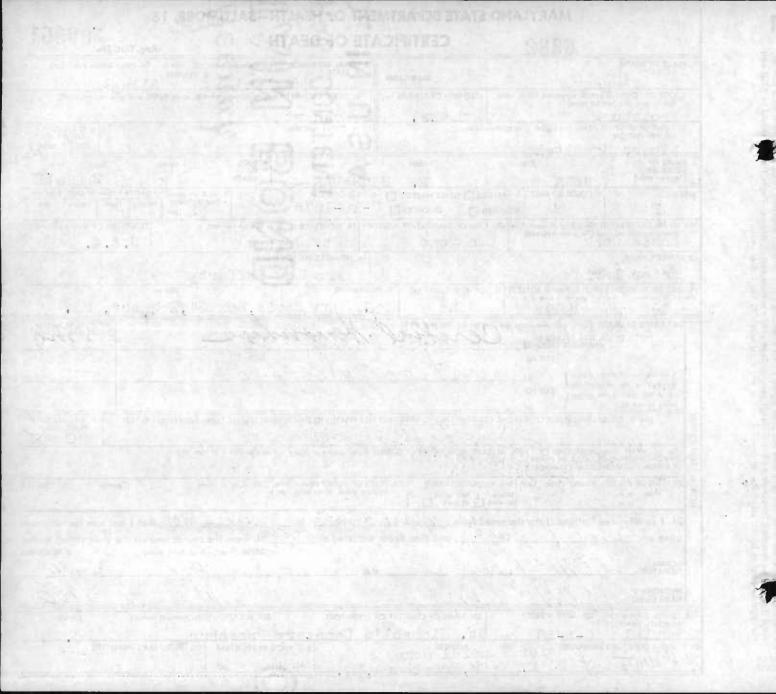
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

200	CERTIFICATE	OF	DEATH
382	CERTIFICATE	91	DEAII

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	6382		CERTIFI	CATE	OF DEATH	1		Reg. Di	st. No.	UU	301
1. PLACE OF DEATH o. COUNTY			MARYLA	1 0 9	JAL RESIDENCE (WH		b. COUNTY				ssion)
Alle	SANY Fautside corporate limi	its write	c. LENGTH OF STAY IN	1h - (	Mary				gar		
RURAL ond give ne		iis, wille	C. LENGTH OF STAT IN	C. C.	CITY OR TOWN (IF o	outside corpo	prote limits, write R	URAL and	give nec	arest taw	m)
Frostbur			8 Wks.		Eckhart						
OR INSTITUTION	AL (If not in hospital, g	give street	oddress)	/ d.	STREET ADDRESS						SIDENCE A FARM?
Miners I	Jospital				Box 54						NO-F
3. NAME OF DECEASED (Type or print)	NORA	rst	Middle E •	MICHA	lost AET <sub>1</sub> S	4. DATE OF DEATH	Mon	th	Do	S	Year 1958
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	-	OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UND	DER 24 HRS.
F	W	WIDOWI	ED DIVORCED	9-18	3-1875		last birthday) 82 yrs.	Months	Days	Hours	Min.
0a. USUAL OCCUPATIO	ON (Give kind of wark	done 10b.	KIND OF BUSINESS OR H	NDUSTRY 11.	BIRTHPLACE (Stote	or foreign c		12. CIT	IZEN O	F WHA	T COUNTRY
House Wo	ing life, even if refired	)	own Home		Mt. Sav				S.A		COUNTRY
13. FATHER'S NAME				14. M	OTHER'S MAIDEN N	IAME					
Peter R's	arick			I	Emma Lou	Laff	ferty				
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	7. INFORMA			Addi	ess			
NO NO	If yes, give wor or dates of s None	ervice)	None	Irs. J	John Day	is Bo	ox 54 Ro	kher	+	Md.	0.615
18. CAUSE OF DEA		use per li	ne for (o), (b), and (c).]	0 1	/		322 0 2 3 230	ALLICA	INTE	ERVAL B	ETWEEN
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, (	1 orekia	0 //	enour	Lage	6		ONS	-	DEATH
33/X	DUE TO				0	1-			-		
Canditions, if ar			/1stois	16	o Vos es	10					-
gave rise to in	nmediate (	)		0.20	and -				-		
couse (o), stating t lying couse last.	the under-	1169									
	) (c	)									
PART II. OTH  200. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY	EK SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NOT KE	LATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 11	PERFC YES	ORMED?
200. ACCIDENT WA	S UNDERLYING []	20b. DESC	CRIBE HOW INJURY OCCL	JRRED. (Enter	nature of injury in f	Port Lor Por	1 11 of item 18 )			163	) NOK
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)			Auto. Initer	noron or injury in i	01110110	, ,, ,,				
		- 1204 15	NJURY OCCURRED 20e	BLACE OF I	INTERPORT	DOC 1011					
20c. TIME OF INJURY Hour o. m.		While	Not while	foctory, stre	INJURY (Home, form, eet, office bldg., etc.	, , 201. (City .)	or town)	(0	County)		(Stote)
p. m.	19	at worl	k at work	4							
21. I certify the	at I attended the	decease	ed from which	15	1938, to	7-6000	2. 19.28	that I	ast sa	w the	decease
alive an T	me 1	195	F and that de	ath occur	red at 6 115%	M from	n the causes a	nd on th	ne da	to stat	ed about
	0 . 0						treet, city ar town,		ie ddi		ATE SIGNED
ACTUAL SIGNATURE	177ne	711	ne	M.D	F	12	Haug		8	vic.	4
PHYSICIAN'S NAME (Type)	10011	CI	ane			-	my	6	1	14	38
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETER				TION (City, Iown, o	or county)		(Sto	te)
Burial	6-5-58	1700.0	St. Michae	1's C	emetery	Fros	thurg			Md.	
23. FUNERAL DIRECTOR'S	SIGNATURE ATE	r Fu	neral Home			D BY REGIST		TRAR'S SIC	SNATUR	(E	
B. H. Moules	ut 23 E		in Fronthi		DATE .	IN 6	58 000	1			

VS A15 (4) 1SM 10/S7



1			MARYL 639		STATE DEPA		ATE OF D			TIMORE,	18 R
I director, filed with	1. PLACE OF DI o. COUNTY	Alleg	any		MAR	YLAND	2. USUAL RESIDE	NCE (Who	ere deceased	lived. If institu b. COUN	
should be f	Eckh		vn)		c. LENGTH OF STA		× Eck	hart		ote limits, write	RUR.
# 4 00	OR INSTIT	HOSPITAL (If no UTION	it in hospital, gi	ve street	oddress)		d. STREET AD	DRESS			
illed in	3. NAME OF DECEASED (Type or prin	) WI	Firs LLIAM	.9	Middl F	le	MICHAEL	S	4. DATE OF DEATH	6	ionth
and campletely filled ban papers. Pages l er death.	5. SEX		OR OR RACE	7. MARI	RIED NEVER MARK		8. DATE OF BIRTH	369		9. AGE (In year lost birthday 88 yr	) A
nd cample in papers. death.	during most	UPATION (Give of working life, eler	kind of work d even if retired)		KIND OF BUSINESS		ISTRY 11. BIRTHPLA	CE (Stote o	or foreign co	ountry)	
g physician and remave carban 2 hours after de		n Mich					Cathe		-	nan	
200	15. WAS DECEA (Yes, no. or unknown	A Annual Street	None		None		s. John	Dav	is, I	Eckhar	ddress
igned by the permit. Ther in any event	PAR 586 Condition gove rise	TI. DEATH WAS IMMEDIANCE.  In the immedia stating the under the un	CAUSED BY: IATE CAUSE (o) DUE TO  th  DUE TO		ne for (o), (b), ond/(c	1.]	Hefa	tu	lis		
ending physician ficate has been si the burial-transit ar remaval, and	20a. ACCID	ENT WAS UNDER	RLYING		CRIBE HOW INJURY						IVEN
his certific use as the ematian, a	-	F INJURY Mont o. m. p. m.		While	NJURY OCCURRED Not while	20e. Pl	ACE OF INJURY (Hectory, street, office I	ome, form, oldg., etc.)	20f. (City	or fown)	

Reg. Dist. ND 6362 ed. If institution: Residence before admission) b. COUNTY Allegany limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM2 YES NO PA Month Yeor 19 58 13 6 AGE (In years lost birthday)
88 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? ry) U.S.A. m Address (Daughter) khart. Md. INTERVAL BETWEEN ONSET AND DEATH ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased 201M, fram the causes and on the date stated above. olive an and that death accurred at DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial St. Michael's Cemetery Frostburg. Md. 6-16-58 23. FUNERAL DIRECTOR'S SIGNATURE Funeral Home Main, Frostburg, Md. 240. REC'D BY REGISTRAR JUN 2 0 '58 241 REGISTRAR'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OR INSTITUTION  E. CKDART Flat  4. DATE OFATH  June  8. MILLER  9. AGE (In year)  Month  Doy  MARY  5. SEX  6. COLOR OR RACE  White White Whome  White Wilde  Whom Divorce  100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if relifed)  ACHINE  OPERTAL  10. USUAL OCCUPATION (Give kind of work done) during most of working life, even if relifed)  Pajama factory  Pennsylvania  11. BIRTHPLACE (Stote or foreign country)  Pennsylvania  12. CITIZEN OF WH.  JOHN  13. FATHER'S NAME  JOHN  E. Elrick  14. MOTHER'S MAIDEN NAME  ISABELL Sturtz  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  If you, give wor or dotate of survice)  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  Mrs. Marguerite Glotfelty, Frosto  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  4. DATE  Month  Month  Doy  10. MONTH  Month  Doy  11. INFORMANT  Address  Mrs. Marguerite Glotfelty, Frosto  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  4. DOY  PATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERT 1(o), 10 file mine index  (c)  10. SOCIAL SECURITY NO. (c)  11. INFORMANT  Address  Mrs. Marguerite Glotfelty, Frosto  12. CITIZEN OF WH.  Address  Mrs. Marguerite Glotfelty, Frosto  12. CITIZEN OF WH.  Address  Mrs. Marguerite Glotfelty, Part 1 or Port 1 or Fort 1 o	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrets to RURAL and give necrets to 11fe	
d. STREET ADDRESS OR INSTITUTION Eckhart Flat    ABGrant St.   C. IS. R. O. STREET ADDRESS	- 0
ANAME OF OCCASED WARY  B. MILLER  S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birth-day);   15. UNDER 1 YEAR IF UN Months   16. SUIJAL OCCUPATION (Give kind of work done during most of working life, even if retired)   Pajama factory   Pennsylvania   12. CITIZEN OF WH.    13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]    18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), ond (c).]    18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), ond (c).]    18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), ond (c).]    19. ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   10. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   10. SOCIAL SECURITY NO.   17. INFORMANT   10. SOCIAL SECURITY NO.   17. INFORMANT   10. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   10. SOCIAL SECURITY NO.   17. INFORMANT   17.	RESIDENCE I A FARM?
S. SEX female  White  White  Widowed  Divorced  Divorced  Divorced  S. Date of Birth  Solid birthday)  Months  Doys  Hour  Pennsylvania  12. CITIZEN OF WHA  Widowed  Table  Pajama factory  Pennsylvania  14. MOTHER'S MAIDEN NAME  John E. Elrick  Isabell Sturtz  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  Mrs. Marguerite Glotfelty, Frostb  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate  Lying couse lost.  DUE TO  Conditions, if only, which gove rise to immediate  Lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERF  YES [  200. ACCIDENT WAS UNDERLYING    CONTRIBUTING    CAUSE OF DEATH    Contributing    Contri	Yeor 19 58
Machine Operator Pajama factory Pennsylvania U.S.A  3. FATHER'S NAME  John E. Elrick  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS CONTRIBUTING CONTRIBUTING OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	IDER 24 HRS
John E. Elrick  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  212-01-9798 Mrs. Marguerite Glotfelty, Frostb  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  UP TO  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERF YES [  OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IMPORMANT  Address    Yes, no. or unknown    (If yes, give wor or dotes of service)   212-01-9798   Mrs. Marguerite Glotfelty, Frostb    18. CAUSE OF DEATH   [Enter only one couse per line for (o), (b), ond (c).]     PART I. DEATH WAS CAUSED BY:   INTERVAL ONSE AND ONSE AN	
PART I. DEATH WAS CAUSED BY:    HONOR   CONOR   CONOR   CONOR	ourg,
	FORMED?
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County)	_ NO Z
Hour o. m.  While Not while toctory, street, office bldg., etc.)  p. m. 19 of work of work	(Stote
21. I certify that I attended the deceased fram May, 19/25 to June 8, 1958, that I last saw the olive on ADDRESS (Street, city or town, stole)  ACTUAL SIGNATURE  M.D. Broadway,	
PHYSICIAN'S John B. Davis, M. D. Frostburg, Md.	
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) (Sin Burial Park Frostburg, Md.  23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE	latal

Care, vid date in the University of Michigan		CERTIFIC	5M 5.0	
		28 H. Harton		
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		MARYLAND 6384	STATE DEPARTA	ATE OF DEAT		TIMO	ORE, 18
1.	PLACE OF DEATH	legany	MARYLAND	2. USUAL RESIDENCE (W	here deceased		If institution: COUNTY
	b. CITY OR TOWN ( RURAL ond give n  Frostb		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rote limi	ts, write RUR
	d. NAME OF HOSPI	TAL (If not in hospital, give street		d. STREET ADDRESS 318 EAST	MAIN	1	
3.	NAME OF DECEASED (Type or print)	First EDWARD	LOWERY	MINNICKS	4. DATE OF DEATH		Month 6

06364

Reg. Dist. No

								-		
1.	PLACE OF DEATH O. COUNTY Alle	gany		MARYLAND	II O CTATE	NCE (Where deceased aryland	ed lived. If institut b. COUNTY		gany	
	b. CITY OR TOWN (If outs RURAL and give nearest	de corporate fimil	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	porote limits, write F	URAL ond give	nearest to	wn)
	Frostbur			30 yrs.	Frostb	urg	22			
	d. NAME OF HOSPITAL (IF	not in hospital, g	ive street	oddress)	d. STREET ADD	RESS	1			ESIDENCE
	Miners Ho	spital			318 EA	ST MAIN				A FARMS
3.	NAME OF DECEASED (Type or print)	EDWARD		Middle LOWERY	MINNICKS	4. DATE OF DEAT	Маг 6	_	Day 5	Yeor 19 58
5.	SEX   6. C			RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YE	EAR IF UNI	
	M	W	WIDOW		6-9-190	)7	lost birthdoy) 51 yrs.	Months Day	ys Hour	s Min.
	u. USUAL OCCUPATION (G during most of working li ssistant M	e, even it refired)		KIND OF BUSINESS OR INDU		E (Stote or foreign	country)		OF WHA	AT COUNTRY
-	FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME				
	John Edwa	rd Minn	ick	8	Adelin	e Lower	· y			
15.	WAS DECEASED EVER IN L	J. S. ARMED FOR	CES? 16.		NFORMANT			res Fros	tbur	g, Md.
[11	In Year	War II	2	14-07-4418 M	irs. Kath	nerine 0	. Minni	cks,31	8 E.	Main
	18. CAUSE OF DEATH [	Enter only one co	use per li	ne for (a), (b), and (s)-)	12		- luar		NTERVAL E	
	PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (o)	11	out Coron	cary Cle	a clusia	re leurer	andies.	ONSET AN	D DEATH
	420,1	DUE TO			-/		- 1 211	12-12-1	124 122 1000	4 - 15 - 1
	Conditions, if ony, w		(	browny an	Tery HC	ant 1	using	77	41-0	105
	gove rise to immed couse (o), stoting the ur	liote (					10.5		0	(14)
	lying cause lost.	(c)								
TION	PART II. OTHER SH	GNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	TE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(c	19. WAS	AUTOPSY
CATI		-	17-17	Herry					-	ORMED?
CERTIFI	20a. ACCIDENT WAS UN OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIA	DERLYING DEATH AUSE OF DEATH CAT EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of in	njury in Port I or Po	ort II of item 18.)			
MEDICAL	20c. TIME OF INJURY Me Hour o. m. p. m.	onth, Day, Yea	While	NJURY OCCURRED 20e. PL Not white k at work	ACE OF INJURY (Han ctory, street, office of	me_farm, 20f. (Ci ag., etc.)	ly or lown)	(Coun	ity)	(Stole)
	21. I certify that I	attended the	deceas	ed from MARCH	1954	to JUN.	5 15, 1958	,that I last	saw the	decease
	alive on TU	NE 11	_, 19_	and that death	accurred at 1					
	1	N	75	21			Street, city or town,			DATE SIGNE
	SIGNATURE MAAL	A louris	84	If En hour	M.D. 48	BROK	DEVAY			
	PHYSICIAN'S MANE (Type) MANE	TIN Me	ROTI	HSTEIN MD	,	RO 573	ier G	MD		
220		b. DATE THEREO	F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOC	ATION (City, town,	or county)	(Ste	pte)
	REMOVAL (Specify) Burial	-18-58		ECKHART CEM	ETERY	THOM	TI ADM - NA	ADVICAN	_	FY
23.	FUNERAL DIRECTOR'S SIG	NATURE Hafe	rF	unered Home	THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IN COL	lo. REC'D BY REGIS		ARYLAN STRAR'S SIGNA		
13	what H. Mit	123 I		ain.Frostbu	eg.Md.	ATE JUN 2 C	158 04	el eri		
كالية		the state of the s			0	0011 2		JA PRIL	1/4	

WITH THE PARTY OF THE TWO DE THE PARTY OF THE PARTY OF THE PARTY. VBCfLGLD= Stables . . . . . . An every of Paid Works I have transmining information The Property of the Control of the C

# the funeral director, 2 after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hormany be retained by the hospital or attending physicion. TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physicion and completely filled in page 3.5.7 Id be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 or the registral prior to burial, cremation, or removal, and in any event within 72 hours after depth.

VS A15 (4) 15M 10/57

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

0004	<u> </u>		R	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution: .nd b. COUNTY	Residence before admission) Allegany
b. CITY OR TOWN (If outside corporale limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RUR	AL and give nearest town)
RURAL and give nearest town)  Cumberland	T/25/54	Cu Cu	mberland	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARAIZ
Allegany County In	firmary	230 Massac	husetts Aven	UB YES NO A
3. NAME OF First DECEASED (Type or print) G eorge	Middle	itchell	4. DATE Month OF DEATH June	I2 158
5. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW		May I4, 189	lost birthdoy) M	anths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY
Retired - Restrauant	Business	(Asia Mir		U. S. A.
Earnest Mitchell			Alexoudi	
	SOCIAL SECURITY NO. 17. I			Cumberland, Mc
No	AI	LEGANY COUN	TY INFIRMARY	RECORDS
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (b)		0	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	Coro	nary Sch	eroses	SULLEU
Conditions, if any, which )	Corel	red Her	essistan	4111
gove rise to immediate	no de la cons	Cal live	- Cocococococo	1 1905.
lying cause last.	Lewera	l'arteri	oscleroses	?
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	1 well	plegia		YES NO
206. ACCIDENT WAS UNDERLYING   /206. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	art I or Port II of item 18.)	
Hour a.m. While	Not while to work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease	ed from Jau'	25, 1954, 10/2	ene 12 1258,	hat I last saw the deceased
alive an 1200 11, 193	and that death			on the date stated above
10(1 2	and an		ADDRESS (Street, city or town, sto	
SIGNATURE SILLERS TO	/ real	M.o19 Greet	ne Street	
PHYSICIAN'S Dr. James E. M	ic Lean	Cumber	rland, Maryla	nd
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 6-14-58	200 NAME OF CEMETERY O		22d. LOCATION (City, town, or c Cumberland, M	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'E	BY REGISTRAR 246. REGISTR	AR'S SIGNATURE
James F. Scarpelli Cum	berland, Md.	DAMUN	16'58 Pred	1

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	the desired the property of the between the con-

the funeral director, should be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be relained by the hospital or attending physician.

TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 and be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH

	b	333_	CENTILL	CAIL.	OI DEAI			Reg. Dist. N	10.	-
1. PLACE OF DEATH o. COUNTY	Allegan	Ŋ	MARYLAN	11 0 5		There decease	d lived. If institutio b. COUNTY		efore admission)	
RURAL and give	(If autside corporate limits nearest town) berland		28/1958	22		tburg	orote limits, write RU	JRAL and give	nearest town)	
d. NAME OF HOSP OR INSTITUTION	Allegany				TREET ADDRESS	lsh S	treet		e. IS RESIDENCE ON A FARM? YES NO	R.F
3. NAME OF DECEASED (Type or print)	Mart	in	Middle A .		Nolan	4. DATE OF DEATH	June	20	Day Year	8
5. SEX Male		WIDOWED 🗌	DIVORCED	3/	7/1885		73 yrs.	Manths Day	AR IF UNDER 24 HR	_
Retired	ION (Give kind of work dirking life, even if retired)  Laborer	one 10b. KIND	OF BUSINESS OR IN		Lonacon	ing,	Marylan		S. A.	TRY
13. FATHER'S NAME	3// -1 3 m	37 3		14. M	OTHER'S MAIDEN		•			
	Michael B					O'Ri	-			
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORC (If yes, give wor or dates of ser	vice) a	059 <b>6</b> 597	7. INFORMA	r. 0.	Box			rland, cords	M
	ATH [Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	se per line for	(a). (b) and (c).]	2	mye	orea	litro	, 0	NTERVAL BETWEEN	?
Conditions, if gove rise to couse (a), stoting	immediate (	/	Gliller	M	an	ren	bocke	02602	?	_
lying cause last		01	ronce	Val	vala	1 Her	Malo	000	<	
CAT	THER SIGNIFICANT COND	ITIONS CONTR	167 Chl	BUT NOT REL	ATED TO THE TERM	AINAL DISEAS	E CONDITION GIVE	EN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO	
	AS UNDERLYING TO CAUSE OF DEATH (MEDICAL EXAMINER)	POb. DESCRIBE	HOW INJURY OCCU	RRED. (Enter	noture of injury in	Part I or Par	t It of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 19	While I	OCCURRED 20e. Not while at work	PLACE OF I foctory, stre	NJURY (Home, far et, office bldg., et	m, 20f. (City	or town)	(Count	ly) (Sto	e)
21. I certify to alive on 6	hat I attended the 1/19/58	deceased fr		58 , ath occur	ed at 1:00	A.M. from	n the causes ar	nd an the d	saw the deceadate stated abo	ave
ACTUAL SIGNATURE	Janen	7 6 .	/LTE	M.D.		ene S			6/20/58	
PHYSICIAN'S NAME (Type)	Dr. James	E. Mo	cLean		Cumber	land,	Md.			
220. BURIAL, CREMATIC REMOVAL (Specify Burial	0N, 226. DATE THEREOF	-0 -	t. Mary		neterv	-	TION (City, town, or onaconir		(Stote)	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC	D BY REGIST	TRAR 246. REGIST	TRAR'S SIGNAT		
J. R. I	Durst,	Frost	burg, Mo	1.	DATEUN	1 2 3 '58	Illia.	educh		

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Retired - Lancer I I Sure III. I Sure III.  The constant is the constant in th	The state		127.049			
Total of the control			- (2)			93.14
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ARYLAND	STATE DEPARTMENT	OF HEALTH-E	BALTIMORE, 18
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	635	4	CERTIFI	CATE OF	DEATH			Reg. Dist	. No.	0000
1. PLACE OF DEATH a. COUNTY	Allegan	y	MARYLAI	O STATE	Mary.		lived. If institution b. COUNTY		before ode	
b. CITY OR TOWN ( RURAL ond give n  Cumbe:			NGTH OF STAY IN	1b c. CITY OR		Iside corpor	ate limits, write R			
OR INSTITUTION	TAL (If not in hospitol, give Allegany C			d. STREET	ADDRESS				10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	first Mar	•	Middle Ann	O Roi		4. DATE OF DEATH	June	th	Doy 1,	Year 1958
5. SEX Female	6. COLOR OR RACE 7	MARRIED WIDOWED	NEVER MARRIED ] DIVORCED [	0/7/	TH /1873		P. AGE (In years lost birthdoy) yrs.		YEAR IF Ut Days Hou	NDER 24 HRS.
10o. USUAL OCCUPATION during most of wor Retired -	ON (Give kind of work do king life, even if retired)  Houseworl		OF BUSINESS OR I		land,			-		A .
	atrick O'H			M	ary A	nn Ce				
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	(e)	L SECURITY NO.	17. INFORMANT P			nfirma			and, Md.
PART I. DEA 593 X Conditions, if a gove rise to i couse (o), stoting lying cause last.	mmediate (		Chro,	leral Leral	ar o the sermin	ter Her Herse	eitro ioxle tos	NOO CO	ONSET A	
20g. ACCIDENT WA	AS UNDERLYING   26   CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE H	HOW INJURY OCCU	URRED. (Enter nature	of injury in Pe		Il of item 18.)			NO D
20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Year		OCCURRED 20e	e. PLACE OF INJURY foctory, street, office	(Home, form, ce bldg., etc.)	20f. (City	or town)	(Co	unty)	(Stote)
21. I certify the alive an	ort I attended the discussion of the discussion	19		55, 19 eath occurred at CM.D. 49	9:00P	M, fram DORESS (Street	eet, city or town,	nd an the	est saw the date sta	ne deceased ated abave. DATE SIGNED /58
220. BURIAL, CREMATIO REMOVAL (Specify)	6/4/58		St Mich	RY OR CREMATORY		22d. LOCATI	ON (City town, o	county)	Mď	tote)
23. FÜNERAL-DIRECTOR	s signature Eichhorn		onaconi	ng, Md.	240. REC'D	8Y REGISTR 4 '58	1/1	TRAR'S SIGN	NATURE	

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Emai vesto		AMERICAN STREET	
bgmathaga	35/9/9		6 July 10
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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6385 CERTIFICATE OF DEATH

Reg. Dist. No. 06369

1. PLACE OF DEATH O. COUNTY Nettes Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Allegany
b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town)  Frostburg  25 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 49 Depot Terrace	/ d. STREET ADDRESS  49 Depot Terrace  • IS RESIDENCE ON A FARM? YES □ NO □
3. NAME OF DECEASED (Type or print) Nellie Po	lock  4. DATE Month Day Year OF DEATH June 17 19 58
77	8. DATE OF BIRTH  Jan. 4, 1872  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of working life, even if retired)  Own home	STRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY  Maryland  U.S.A.
13. FATHER'S NAME  Morris	14. MOTHER'S MAIDEN NAME Sarlite.
(Yes, no, or unknown) (If yes, give war or dates of service)	une Pollock Frostburg, Md.
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \) NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to foc	D. (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Home, farm, clary, street, office bldg., etc.)  (County) (State)
21. I certify that I attended the deceased from and I alive on Actual SIGNATURE  PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Type)	Voccurred atM, from the causes and on the date stated above ADDRESS (Street, city or town, state)  DATE SIGNE  S. MD FROS FOUR POWN,
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 6/20/58 Memioral Park	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Westernport, Md	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

	(COSS CERTIFICATE OF D
	TO THE RESIDENCE OF THE PARTY O
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		639	9	CERTI	FICA	ATE O	F DEAT	Ή		Reg. I	Dist. No	6.21	70
1.	PLACE OF DEATH o. COUNTY Alle	gany		MARY	LAND	2. USUAL o. STAT	E	Vhere decease	ed lived. If ins b. COU	NTY	ence befo	-	ion)
	, RURAL and give			c. LENGTH OF STAY		c. CITY		8 7 7	orote limits, w	ite RURAL on	d give nec	arest town	) /
-	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, o	mber pive street of		no.	d. STRI	Fort EET ADDRESS	Ashby	,	80 X	- 3		IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Emil	-	Middle san Powne			Last	4. DATE OF DEATH	J	Month une	11,		Year 19 58
	female	6. COLOR OR RACE white	WIDOWED		00		21, 1	.872	9. AGE (In y lost bittled	ears IF UND oy) Months	Doys	Hours	R 24 HRS. Min.
L	house	FION (Give kind of work prking life, even if retired == Wife	done 10b. K	domestic		C	edar (	liff,		12. 0	U.S		COUNTRY
13.	FATHER'S NAME	Dawson				14. MOTE	HER'S MAIDEN		awson				
		VER IN U. S. ARMED FOR (If yes, give war or dates of s		none	9n	NFORMANT	auf 2	Jago	un.	Address	t a	skby	120%
	the second secon	g the under-	\$	for (o), (b), and (c).	hi	ste of ou	tun	lun	<b>5</b>			ERVAL BE	
CERTIFICATION	PART II. O	THER SIGNIFICANT CON		NITRIBUTING TO DE							ART 1(o) 1	PERFO	AUTOPSY PRMED? NO
MEDICAL CER	20c. TIME OF INJU	. 10	While	Not while of work	20e. PL	ACE OF INJU	JRY (Home, fo office bldg., e	rm, 20f. (Cit	y or town)		(County)		(Stote)
	21. I certify alive on	that I attended the	deceased, 12 5	7-	death	occurred	53, 10, 1013 5 1 1013 5		m the caus street, city or to				
	PHYSICIAN'S NAME (Type)	LEWIS	131	RING	<u>S</u>		Com	rhul	mul	Me	1		
L	removal (Specif	11 6-11-5	4			~	etery	For	ct Ash			(Stote	w.Va
23.	Meryl	R. Combs	F	ADDRESS Romney, V	W. 1	Ta.		JUN 1 9		REGISTRAR'S	signatur	RE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is necessary, please execute the certificate, withing the word "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reformed for your files.

TO FUNKER: DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5), placed of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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HEALT	H	DE	PT

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6/00	Reg, Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Allegany MARYLAND	o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN   If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Route 4, Cumberland 26 years	X Route 4, Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Christie Road	Christie Road YES NO NO
3. NAME OF DECEASED (Type or print) CLETUS ELLSWORTH PRI	CE A. DATE Month Doy Yeor DEATH June 15. 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE IN YOU'S IF UNDER 1YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	dat birthday) 45 yrs.  Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	(RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Steward Amer. Legion P	ost West Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William L. Price	Josephine Gibbs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If	NFORMANT Address
	Mary M. Price Route 4, Cumberland, Md
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ONSET AND DEATH Sunday
4-20./ DUE TO	September
(Conditions, if ony, which) (b) Coronary	00000
gave rise to immediate cause	ACCO CACCO
(a), stoting the underlying (c) (c)	
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO X
206. DÉSCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAN facts  Hour o. m. While Not while of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy [], Inspection [X], Inquiry [X], and in my
opinion death resulted from: Natural causes X, Accident [	, Suicide , Homicide , Undetermined monner
0 ', 10',	
SIGNATURE / Demoderat Sketarelie	M.D. CHIEF MEDICAL EXAMINER (
EXAMINER'S Benedict SkitARELI	ASSISTANT MEDICAL EXAMINER D June 17, 1958
220. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR	
Burial June 18.1958 Arlington	Nat. Cem Arlington, Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Byron Kight, Cumberland, Md.	DATE JUN 1 8 '58

received and the contract of the contract of EMLEY BOYO . A SUBSIDIAL Editably days Sales encircle trend PLACE THE MARY P. FINCE SOURCE AT THE PARTY OF on it down it. The remarks hit seems to be the bear it. a de la marca de la compania del compania del compania de la compania del compania del compania de la compania de la compania del compania de la compania del compania del

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MARYLAND	STATE	DEPA	RTMENT	OF	HEALTH-BALTIMORE,	18

	63	56	CERTIF	ICAT	E OF DEAT	Н		Reg. Dis	0.6	372
1, PLACE OF DEATH COUNTY ALLEGANY		J-0	MARYLA	- 1	USUAL RESIDENCE (WO. STATE WEST VIRGI		ed lived. If institution b. COUNTY	on: Residen	ce before od	Imission)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF		orote limits, write RI	URAL ond	give nearest	town)
CUMBERLA	ND		64 DAYS		FORT ASH	BY	8	5 x -	3	
d. NAME OF HOSP OR INSTITUTION MEMORIAL H	ITAL (If not in hose) PAR IOSPITAL—MEN	WICK	AND AVE.		d. STREET ADDRESS				0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	Fi ALI	cE.	Middle		PYLES	4. DATE OF DEATH	Month JUN	TO	Doy	Yeor 19 <b>5</b> 8
S. SEX	6. COLOR OR RACE	7. MARS	HED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years	IF UNDER		NDER 24 HRS.
FEMALE	WHITE	WIDOWI	DIVORCED	1 0	MY 15.188	19	lost birthdoy) 69 yrs.	Months	Doys Ho	urs Min.
10o. USUAL OCCUPAT during most of wo Housewif	orking life, even it refired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole				S. A.	HAT COUNTRY
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN	-				
BEN.IA	MIN CORBIN				LAVERN	ILA LIR	LCE			
15. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. INFO		THE OIL	Addr	ess		
No	(If yes, give wor or dates of		None	MRM	RIAL HOSPI	TAI	CHM	RERIA	ND, ME	1
	mmediate DUE TO	) M	ne for (o). (b), and (c).]	r Euce	ewic				INTERVA ONSEL	L BETWEEN
20g. ACCIDENT W	THER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH  Y MEDICAL EXAMINER)		CONTRIBUTING TO DEATH					EN IN PART	PE	AS AUTOPSY REORMED?
20c. TIME OF INJU Hour o. m.	IRY Month, Doy, Ye	or 20d. II While of wor	Not while	e. PLACE foctory,	OF INJURY (Home, form street, office bldg., etc	n, 20f. (Cit	y or town)	(0	County)	(Stole)
actual SIGNATURE	that I attended the	_, 12=	y light	eoth oc	, 19.58, to curred at 10:1			nd on th		he deceases tated above DATE SIGNE
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATI	DR. OVERTON		ELWRIGHT  22c. NAME OF CEMETE			201 100	TION (C')			
Burial (Specify	6-19-5	_	Fort Ashl		em.	Fort	Ashby	W.Va	•	Stote)
James F.	Scarpelli	Cum	berland, Mo	d.	240. REC	2 3 '58		TRAR'S SIC	SNATURE	
	T. A	cery	19cl C					- Curre		

		TRANSPORTATE GIVE LYNAM				
,	CERTIFICATE OF DEATH					
			WAS 5.0			
		29-11-12	C. A. Indiana			
Recolute House	A THE	35,14				
			W 1.003			
* * *	June destino					
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	and Mill : Of the reserve to	Andrew Colors				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6386 CERTIFICATE OF DEATH

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	(/000				Keg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY	llegany	MARYLAND	2. USUAL RESIDENCE (Who o STATE Pennsyl		b. COUNTY	dence before o	
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Pittsbu				
OR INSTITUTION	ITAL (If not in hospital, give street Hospital	oddress)	d. STREET ADDRESS	ator S	treet		S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First PAUL	Middle LOUIS	REIHMS	4. DATE OF DEATH	Month 6	Day 2	Yeor 19 58
5. SEX	W WIDOW		8. DATE OF BIRTH 7-18-1901	fo	56 yrs. Months		UNDER 24 HRS.
10a. USUAL OCCUPAT during most of wo Building	ION (Give kind of work done 10b. rking life, even if retired) Supt IIa		ustry 11. BIRTHPLACE (Stote of upervisor Pi			U.S.	HAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
John Rei			Anna Clo	usen			1
15. WAS DECEASED EV (Yes, no. or unknown) NO	/ER IN U. S. ARMED FORCES? 16.  (If yes, give wor or dates of service)  None	10-03.0007	rs. Clara Re	ihms.		ittsbu tor St	_ ,
Conditions, if gove rise to couse (o), stoting lying couse lost  Part II. O'	the under DUE TO	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVEN IN P.	P	WAS AUTOPSY ERFORMED?
OR CONTRIBUTING	YAS UNDERLYING ☐ 20b. DES G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	ort I or Port II of	f item 18.)		
Y 20c. TIME OF INJU Hour o. m. p. m.	10 While	Not while	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or to	own)	(County)	(Stote)
21. I certify to alive on	hat I attended the decease	sed from 5-31	1958, to h occurred on 1513 M.D. 39 W.	6-2 LM, fram the ADDRESS (Street,	e causes and on city or town, stote)		the decease stated abave PATE SIGNE
PHYSICIAN'S NAME (Type)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	D. Fro	nd location	(City, town, or county	md	1
Burial	6-5-58 J	efferson Mer	norial Park	Allegh	eny Joun	tv	(Stote)
B. H. What		ain. Frostb		N 6 '58	246 REGISTRAR'S	SIGNATURE	

VS A15 (4)

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MARYLAI		STATE DEPARTM CERTIFICA				TIMORE, 1		) Dist. No	063	74
		MARYLAND	II O. SIAIE	DENCE (WI		d lived. If institution b. COUNTY	n: Reside		re odmiss	ion)
orporote limits, w	rite	c. LENGTH OF STAY IN 16				rote limits, write RI				)
',		4½ days	4 4	ostbu						
in hospitol, give s	freet o	ddress)	d. STREET A		Street					IDENCE FARM? NO 1
First ORA		Middle JANE	REPHANN	st	4. DATE OF DEATH	Moni 6	th	Do 8		Year 19 58.
OR OR RACE 7.	MARRI	ED NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years	IF UNDE	RIYEAR	IF UNDE	
	DOWE	_	Nov. 5.	1886		lost birthdoy) 71 yrs.	Months	Doys	Hours	Min.
rind of work done ven if retired)	10b. K	IND OF BUSINESS OR INDU			or foreign c		12. CI	ITIZEN C	F WHAT	COUNTRY?
ven ir retired)	Ow	n Home	Coal	City	, Illi	nois.	U	.S.A		
			14. MOTHER'S							
			Jane N	esbit						
ARMED FORCES?	16. S	OCIAL SECURITY NO. 17. I	INFORMANT			Addr	ess	(H	usbar	nd)
Be		None Mr.	Alfred	Repha	nn,38	Uhl St.,	Fros	tbur	g Mo	1.
DUE TO  (b)  DUE TO  (c)  FICANT CONDITION	ZY ONS CC	y pert es Write DISTRIBUTING TO DEATH BUT PRAST - Ch	Zebro NOT RELATED TO M blete	or IC	enter Inal Diseas	E CONDITION GIVE	-	RT 1(o) 1	12 9 19. WAS 1 PERFO YES 1	AUTOPSY RMED?
YING 20b. OF DEATH EXAMINER)	DESCI	RIBE HOW INJURY OCCURRE	D (Enter nature o	of injury in !	Port I or Por	I II of item 18.)	6	7		
, w	20d. INJ Vhile If work	Not while to	ACE OF INJURY ( clary, street, affice	Hame, form e bldg., etc	, 20f. (City	or town)		(County)	158	(State)
ended the dec	19 S	d from 6-4 8,, and that death	occurred at			n the couses o	nd on 1			deceosed d above. TE SIGNED
C.Di.	01	4L, MID	, t	Ro	St	BOX	e G	,1	1D	1
1/58	F	rostburg Memo	r CREMATORY	k	Frost	ION (City, town, o	r county)		Md.	)
JRE Hafer		netal shome			D 8Y REGIST		TRAR'S SI	GNATU		
14 22 E		in Fronthune	Ma	DATE III	IN 1 3	58 M2	1.00	uch		

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VS A15 (4) 1SM 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6388

**CERTIFICATE OF DEATH** 

						Rog. Dist. 1	10.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (V	Where deceased live	d. If institution	in: Residence b	efore odmis	sian)
All	egany	MARYLAND	Md.		0. COOITI	Allega	anv	
b. CITY OR TOWN ( RURAL and give n	If outside carporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	autside corporate l	imits, write RL			n)
		75 Yrs						
d. NAME OF HOSPI	TAL (It not in haspital, give street	nddress)	X Eckhart	Mines,	Frost	burg,		SIDENCE
OR INSTITUTION			O. STREET ADDRESS				ONA	A FARM?
M	iner's Hospi	tal					YES	NO [
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	h	Doy	Year
(Type or print)	Arthur	G.	Rizer	OF DEATH	c	30	2	10.50
5. SEX			B. DATE OF BIRTH	O A	GE (In years	IF UNDER 1 YE		1958
			B. DAIL OF BIRTH	la	st birthday)	Manths Day		Min.
Male	White WIDOW	_	6-3-I880		78 yrs.			
Oa. USUAL OCCUPATION	ON (Give kind of work done 10b king life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Sto	le or foreign country	)	12. CITIZEN	OF WHAT	COUNTRY
Retired		Brick Yard	Frostbu	na Ma		U. S	٨	
13. FATHER'S NAME	Daudi	DITCH TATU	14. MOTHER'S MAIDEN			100	8 43.6	
	Simon Rizer		Henriet	ta	Unkr	nown		
	Ilf you give you as dutes of constant !		NFORMANT		Addre	ess		
No	None 2	13-10-9883 <sub>Mr</sub>	e Wimothy	Thomas	Folkhe	hw tern	neg	MA
	ATH [Enter anly ane cause per I		SA TIMO DILY	THUMAS	PICALL			
	ATH WAS CAUSED BY:	me idi (d), (d), dild (c).]	n H.	0		0	NSET AND	DEATH
	IMMEDIATE CAUSE (a)	Chelor	al Rusi	rrhae	R.		23.	lars.
331X	DUE TO			V				
Canditions, if o	ny, which )	Cerebri	a anteri	00 501	0		3	
gave rise to i	mmediate (		a copaci	my sc	XLADO	10		
cause (a), stating	the under-	0 . 0	D'0 + +					
lying cause last.	) (c)	all all the state	y de la	n				
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	19. WAS	AUTOPSY DRMED?
3 1) Mucoc	ardial Dila	tation (2)	Pulmono	5.0 s				NO X
20g. ACCIDENT WA	AS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Part Lor Part II of	item 18.)			MCM
OR CONTRIBUTING	CAUSE OF DEATH		,					
		- Leave						
20c. TIME OF INJUR Hour a. m.	Y Month, Day, Year 20d. I While		CE OF INJURY (Home, far fary, street, affice bldg., e	m, 20f. (City or to	wn)	(Count	y)	(Stote)
p. m.		Nat while	ory, order, criter creg., c					
21 1	. 4   . 44   .   4   .	11 / / / 2 9		1120	(3	•		
	at I attended the deceas	4	, 19 <u>2 5</u> , to	6/20	1950	that I last	saw the	decease
alive an	120 , 195	2, and that death	accurred at 625 A	M, fram the	causes ar	nd on the d	late state	ed abave
M	2			ADDRESS (Street,				ATE SIGNE
SIGNATURE	alle Idos	Ture.	261	D. ma	. 1	. 0	1-	
SIGNATORE DI	A STATE		W.D	9	CARACIA	1-5	1	
PHYSICIAN'S NAME (Type)	RANK T. HA	RRAT MY	3	rosibur	a, n	nd.		
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION	City, town or	County)	151-1	(a)
REMOVAL (Specify)	7-3-1958		etery	Eckha	rt.		(State	d.
200000						- 0		
3. FHER POPECTOR	Home Home	Frostburg,	Md 240. REC	D BY REGISTRAR	24b. REGIST	TRAR'S SIGNAT	URE	
Secon )	6. mallings	6	DATE		min.	educh		

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2R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		NECTOR: After this certificate has been signed by the attending physician and campletely filled is by the funeral director,	be detached for use as the burial-transit permit. Then plase remove carbon papers. Pages 1	(
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TO HOSPITAL OR May be retained may be retained to 10/2/21 Pogge 3 s and b the registrar principle property of the registrar principle pr

	6389	LAND	CERTIFIC	ATE OF DEATI		IIMOKE,		Dist. No	063	377
1. PLACE OF DEATH a. COUNTY	Allegar	ny	MARYLAND	2. USUAL RESIDENCE (W	here deceased Land	d lived. If instituti b. COUNTY		ence befo		
RURAL ond give no Frost	burg		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rote limits, write R	RURAL and	d give ned	arest town	1)
d. NAME OF HOSPIT OR INSTITUTION 41 W	AL (If not in hospital, so Main St		oddress)	d. STREET ADDRESS 41 W	. Mai	n St.				FARM?
3. NAME OF DECEASED (Type or print)	ANNIE		Middle C •	ROBERTS	4. DATE OF DEATH	JUNE	nth	29		Year 19 5
female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DED DIVORCED	8. DATE OF BIRTH 9-2-1874		9. AGE (In years lost birthdoy) 9. yrs.	Months Months		IF UND	ER 24 HRS Min.
10a. USUAL OCCUPATION during most of world house	ung life, even if refired	done 10b.	own home	ISTRY 11. BIRTHPLACE (Stole Maryla	_	ountry)	12. C	U.S		COUNTR
13. FATHER'S NAME  Math	ias Rodde	l		14. MOTHER'S MAIDEN I						
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of			chard MacMa	nnis.	Frost		, Mo	d.	E W
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO	1 0	ne for (a), (b), and (c).]	ocalu	Lis.	~		3	ERVAL BE	TWEEN DEATH
couse (a), stating lying cause tost.	the under-	1	Somilize	NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	/EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRI						PERFO	RMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. II While at war	_ Not while _ fo	ACE OF INJURY (Hame, farm clary, street, office bldg., etc	n, 20f. (City	or tawn)		(County)		(State)
alive an	at I attended the	deceas , 19 s			ADDRESS (St		and on		te state	decease ed abav ATE SIGNE
PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATIO	H. C. Die		M. D.		stbur	g, Md.				
Burial (Specify)	7-1-195	0	F'bg. Memo			stburg.	or county;	Md.	(State	2)
J. R. I	ourst,	Fro	stburg, Md.	24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATUR	RE	

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VS A15 (4) 1SM 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6358

CEDTIEICATE OF DEATH

Reg.	Dist.	No
44.00	m. 1 0.14	PAG.

UR. MANUE	raw O	000	CERTIFICA	AIE OF DEATE			Reg. Dist. No	).	
1. PLACE OF DEATH	Y		MARYLAND	2. USUAL RESIDENCE (Who o. STATE WARYLAND	ere deceased	lived. If institution b. COUNTY	Residence before ALLEGAN		ion)
L CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		ote limits, write RU	RAL and give ne	arest town	)
OR INSTITUTION	ORIAL HOSP		ddress)	/ d. STREET ADDRESS RFD. #3,	BEDFO	RD ROAD			DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	EDGAR		Middle WILLIAM	Lost SEE	4. DATE OF DEATH	Month JUNE	21		1958
S. SEX MALE	WHITE	WIDOWE			897	last birthday) 60 yrs.	Months Days	Haurs Haurs	R 24 HRS Min.
00. USUAL OCCUPATION during most of work Millworke:	ang life, even it refired	)	cind of Business or Industry	11. BIRTHPLACE (Stote MARYLAN		th Branch	12. CITIZEN		COUNT
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME				
-Nathanie				CORA STI	CKLEY			115	
S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervical		MORIAL HOSPIT	AL, ME	MORIAL &	"WARW I CI	STS	•
Conditions, if a gave rise to it cause (o), stating lying cause last.	mmediate (	, Sut , Ze	estual bles misral he entributing to death But	truction  nia les  NOT RELATED TO THE TERMIN	A NAL DISEASE	condition gives	5	SET AND  LUCY  S A  19. WAS A  PERFO  YES T	aug 2 AUTOPSY RMLD?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY OCCURR				7 7	162	NO K
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While of work	_ Not while for	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.	20f. (City o	or town)	(Caunty)		(State
actual SIGNATURE	at I attended the	., 19 S	S, and that death			the causes an eet, city or town, st		ate state	
20. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	6/26/58	F	22c. NAME OF CEMETERY O Davis Memori			ON (City, town, or perland, 1		(State	<b>&gt;</b> )
23. FUNERAL DIRECTOR		umber:	ADDRESS land, Md.		BY REGISTR	10	RAR'S SIGNATU	RE	

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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6359

**CERTIFICATE OF DEATH** 

							Keg. Dist. No	ð. ·
1. PLACE OF DEATH a. COUNTY	ALLEGANY		MARYLAND	2. USUAL RESIDER	NCE (Where decease VIRGINI	A b. COUNTY	n: Residence bef	fare admission)
b. CITY OR TOWN RURAL and give CUMBER	N (If outside corporate limite nearest tawn) LAND	its, write	c. LENGTH OF STAY IN 16		WN (If outside corp	porate limits, write RU	JRAL ond give ne	earest town)
d. NAME OF HOS	SPITAL (If not in haspital, g	ive street a	ddress)	d. STREET ADD				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	RAC	CHEL	Middle ANN	SELF Lost	4. DATE OF DEAT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	Doy Year
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH				R IF UNDER 24 HRS.
FEMALE	WHITE	WIDOWE		MAY 20,		last birthday) 76 yrs.	Manths Days	Haurs Min.
HOUSE	diking life, even if refired	done 10b. K	IND OF BUSINESS OR IND		E (State or foreign VIRGINIA	T = 3		OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MA				
ALEMIA	N KEPLINGER			AMELI	A DAVIS			
15. WAS DECEASED E [Yes, no. or unknown)  No	VER IN U. S. ARMED FOR (If yes, give wor or dates of se	ervice)		MEMORIAL HO	SPITAL -	CUMBERLAN		
Conditions, if gave rise to cause (a), statillying cause late.	ng the under-	) <b>a</b>	ptatis Corle					10 WAS AUTORSY
149	portense	ا نه	ordiora	elulor d	rseuse,	Closs	3	PERFORMED? YES NO
	₩AS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY OCCUR	ED. (Enter nature of in	jury in Part I ar Pa	ort II of item 18.)		
20c. TIME OF INJ Haur o. n p. n	10	20d. IN. While at work	_ Not while	PLACE OF INJURY (Hon actory, street, office blo	ne, farm, 20f. (Ci dg., etc.)	ty ar town)	(County)	(State)
21. I certify alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the 20 spore  V. alfend  DR. W. A. V	V6	er, and that deal		22 AM, fro ADDRESS (1 2 5. Co	im the causes are Street, city ar town, s	nd an the do	aw the deceased the stated above DATE SIGNED
Burra Peci			Port Ashab			TION (City, town, or Tt Ashby		(State)
James I		li Cu	ADDRESS imberland, M	d. 24	o. REC'D BY REGIS	TRAR 246 REGIST	PAR'S SIGNATY	₩E

------Academy Visited 21 40 41.154 GERMAN HOSPITAL - CAMPAGNIA MIRES 303 100 JOV 4 4 4 170 1 124 500

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

360	Ttem 8	CERTIFICATE	OF DEATH

Reg. Dist. No. 06381)

		The second second		0-21-10-00		**	- A	•
1. PLACE OF DEATH O. COUNTY ALLE	GANY		MARYLAND	2. USUAL RESIDENCE (VO. STATE WEST VI		h COUNTY	Residence befo	ire admission)
RURAL and give	I (If outside corporate limits, nearest town) ERLAND	write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (III		0	AL and give ned	arest town)
OR INSTITUTION	PITAL (If not in hospitol, give N ED HEART HOSP			d. STREET ADDRESS	BLEY ST.			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First WTLL	IAM	Middle Young	Lost SELL	4. DATE OF DEATH	Month JUNE	20	
5. SEX MALE	6. COLOR OR RACE 7.	MARRIED []	NEVER MARRIED	B. DATE OF BIRTH	1899 9.		UNDER I YEAR	IF UNDER 24 HRS. Hours Min.
Pipe Fi	TION (Give kind of work don orking life, even if retired)	106. KIND C		USTRY 11. BIRTHPLACE (S10 WEST VI		try)	12. CITIZEN C	S.
L. JEFF	ERSON SELL (D	eceasei	0)	14. MOTHER'S MAIDEN RACHAEL W		(DECEASE	D	
1S. WAS DECEASED EV (Yes. no. or unknown) NO	VER IN U. S. ARMED FORCES	el		INFORMANT PATIENTS CHAR	T	Address		
Conditions, if gove rise to couse (o), storin lying couse los	ony, which immediate (b) g the under-	ONS CONTRIB		ICLERASS		ONDITION GIVEN		PERFORMED?
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING 204 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	o. DESCRIBE H	OW INJURY OCCURR	RED. (Enter nature of injury in	Port I or Port II	of item 18.)		YES NO
20c, TIME OF INJU	. 10		OCCURRED 20e. F	PLACE OF INJURY (Home, for actory, street, office bldg., e	rm, 20f. (City or	lown)	(County)	(Stote)
ACTUAL SIGNATURE	Pullicans  R.W. TREVASKI	1958,		M.D. Church		he causes and to city or lown, state of Many	an the da	the decease the stated above DATE SIGNI
REMOVAL (Specific Burial	June 22,19	958 Zi	on Memoria	OR CREMATORY	22d. LOCATION	N (City, town, or co	ounty)	(State)
23. FUNERAL DIRECTO Charles	L. George		opress		UN 2 3 58	24b. REGISTR	AR'S SIGNATUR	₹E



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VS A1S (4) 15M 10/57

	TATE DEPARTM	ENT OF HEALTH—BALTIMORE	, 18
6390	CERTIFICA	ATE OF DEATH	Reg. Dis
nv	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inst o. STATE b. COU	hitution: Residence

	6390	CERTIFICA	ATE OF DEA	TH	Reg. Dist. No 06381
1. PLACE OF DEATH a. COUNTY	legany	MARYLAND	o. STATE	(Where deceased lived, If ins b. COU	titution: Residence before admission) INTY Allegany
Frostbur	f outside corporate limits, wri	te c. LENGTH OF STAY IN 16  Lifetime		(If outside corporate limits, wr	rite RURAL and give nearest fown)
OR INSTITUTION	AL (If not in hospital, give str	eet oddress)	d. STREET ADDRES	is /	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) W	First Ilhelmine	Middle	vinsky	4. DATE OF DEATH	Month Day Yeor 6 27 19 58
s. SEX	W		8. DATE OF BIRTH 4-25-1907	9. AGE (In y	ears IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
House w	king life, even if refired)	Own Home	Ocean,	Md.	U.S.A.
John Se	ib		Wilhelmi	en name na Holtsohne	The state of the s
	R IN U. S. ARMED FORCES? (If yes now war or dates of service)	16. SOCIAL SECURITY NO. 17. I	. Joseph	Sevinsky, 12	Address Frostburg, Mo
Conditions, if a gove rise to it cause (a), stating lying cause last.	m mediate the under- (c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATIC		DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year 20	d. INJURY OCCURRED 20e. PL hile Not while work of work	ACE OF INJURY (Home, clory, street, office bldg.	form, 20f. (City or town)	(County) (State)
21. I certify the olive on Suratual SIGNATURE	ot I offended the decine 29,1	18	, 19 to accurred at	9.0	es and an the date stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	Wome	lane		md/	1 1938
220. BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY O		22d LOCATION (City, to	24
Burial 23. FUNERAL DIRECTOR	s signature Hafer	Funeral Home	240.	y Frostburg REC'D BY REGISTRAR 246 JUL 1 '58	REGISTRAR'S SIGNATURE

TO EN LINE DE CONT. 15 TO BE TO SERVED AND THE PROPERTY OF T The Court of the C the funeral director, should be fifted with

ined by the hospital or attending physician.

\*\*DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 prior to burial, crematian, ar removal, and in any event within 72 hauts-after death.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00200

E. Harris	6.	361	CERTIFIC	ATE C	OF DEAT	Ή			Reg. Di	st. No.	UL	306
1. PLACE OF DEATH o. COUNTY	llegany		MARYLANI	o. ST	AL RESIDENCE (MATE			institutio OUNTY		e ga		sion)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN H		TY OR TOWN (IF		porote limits,	write RL				n}
RURAL ond give			T0/29/19	X	Cumbe	erlan	d					
	TTAL (If not in hospital, g	ive street	oddress)	/ d. S1	REET ADDRESS							SIDENCE
	nv County	Tnf	irmary	Wi	lliams	Road	Rt.	2				NOAT
3. NAME OF	Fir		Middle		Lost	4. DATE		Mont	h	Do	,	Yeor
(Type or print)	พากาา	am	Franklin	Sho	emaker	DEAT	н	Jun	-		-1	1958
5. SEX	44	-	RIED NEVER MARRIED	B. DATE C	OF BIRTH		9. AGE (I	n years	IF UNDER	1 YEAR	IF UND	ER 24 HRS.
Male	White	WIDOW	ED DIVORCED	Un	known /	Approx	lost bir	thday) yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR IN						12. CIT	IZEN O	F WHAT	COUNTRY
	worked Worked	)		W	. VA. I	Lost	City		Ţ	J. S	. A	
13. FATHER'S NAME	WOIRCG			-	THER'S MAIDEN							
Hozok	tiah N. Sh	Oems	ker		Mary F	Rwan						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR			INFORMAN			700	Adda	P\$1 . 7	7		3/(-2
(Yes, no or unknown) NO	(If yes, give war or dates of s	ervice)	None	ALLEG	ANY COL	UNTY	599 INFIF	RMAR	Y RE	ECOF	RDS'	Md.
	EATH [Enter only one co	use per li	ne for (o), (b), and (c).]		a.	0	1	,		INTE	RVAL 8	DEATH
N 1	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Coro	ndr	u d	iso	mber	124	2.7		ud	
744.1	DUE TO		00		15			7.	1		-	
Conditions, if		1	Chron	uc'	no	4000	and	ete	-0		-	100
gove rise to couse (a), stating			0	11.1	7 /		-	1	1	1	-	
lying couse lost		)	106nglu	stal	mu	ocu	Las.	KUP	120/21	4	-	
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	UT NOT RELA	TED TO THE TERM	MINAL DISEA	SE CONDITI	ON GIVI	EN TH PAR	1(0) 1	PERSO	AUTOPSY ORMED?
75		Ch	ronce	Ru	Stre	FED					YES [	1/
OR CONTRIBUTIN	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter n	oture of injury in	n Port f or Po	art II of item	18.)				
3 20c. TIME OF INJU	IRY Month, Day, Yes	or 20d. I	NJURY OCCURRED 20e.	PLACE OF IN	JURY (Home, for	rm, 20f. (Ci	ity or town)		10	County)		(Stote)
Hour a.m.	10	While at wor	Not while	factory, stree	t, office bldg., et	etc.)						
	that I attended the		Velis	220,	05Z, 10/	Juse.	13	1055	that I	last sa	Alam	deserve
olive on	111111111111111111111111111111111111111	19.	58 and that dea									
1/1	7			0000111	24 01-74-2-1-		(Street, city o			ile do		ATE SIGNED
ACTUAL	Tauces à	21	n Leau	M.D.	49 Gr	een 9	tree	t.				
6/	1											
PHYSICIAN'S NAME (Type)	or. James	E. 1	McLean		Cumb	erlan	nd, Ma	ary.	land			
220. BURIAL, CREMATI	ON, 226. DATE THEREC		22c. NAME OF CEMETERY	OR CREMAT	ORY	22d LOC.	ATION (City	town, o	r county)		(Sto	(e)
BUIL TAL	June 16	,19!	8 Allegany	Coun	ty Cem				land	, Mo		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNER COREC
page 3 stand be
the registrar prior

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE Cumberland, Md. Byron Kight

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

None No The Board of the Control of the Cont Secretary and the second of th Control of the Control rerland. and the country to the country of th AND THE RESERVE OF THE PARTY OF

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL PRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 strong the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 quits should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

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VS A15 (4) 15M 10/57

	6362	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	n STATE	pland b. COUN	ution: Residence before admission)  Y Allegany
b. CITY OR TOWN RURAL and give Cumbe	(If outside corporate limits, write nearest town) rland	c. LENGTH OF STAY IN 16 Sept., 1951		outside corporote limits, write	RURAL and give nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give street Allegany Coun		d. STREET ADDRESS	S. Liberty	Street e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print)	First Carrie	Middle	Shuck	4. DATE OF Jun	e Doy Year 58
5. SEX Female	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH 5/28/1870	9. AGE (In year last birthday 88 ye	
Retired-	IION (Give kind of work done orking life, even if retired)  -Seamstress	KIND OF BUSINESS OR INDU	Cumberla	and, Maryla	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	William Shuc			y Simpkins	7 A.
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES? 16.	None None	llegany Cou	OA 277	ddress Cumberland, Mo
	EATH [Enter only one cause per li EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronce m	yocardial	Degene	ration INTERVAL BETWEEN ONSET AND DEATH
Conditions, if		Gerelera	l arteri	bocleros	is,?
couse (o), stating	g the under- CC (c)	Chronie	" hiph	ritis	?,
ICATIO	Simile	Detur	orratio	~	SIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING (1) IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part II af ilem 18.)	
ZOc. TIME OF INJU Haur a. m.	. While	Nat while fa	ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	20f. (City or tawn)	(Caunty) (State)
21. I certify to alive an 5/	that I attended the decease 31/58	ed fram. 9/1951, and that death	accurred at 3:35!	P.M. fram the causes  ADDRESS (Street, city or tow	and an the date stated abave DATE SIGNED
PHYSICIAM'S NAME (Type)	Dr. James E.	McLean		rland, Md.	
220. BURIAL CREMATI REMOVAL ISPECT	June 3 1958	Rose Hill C	Cemetery	22d. LOCATION (City, town Cumberlan	
23. FUNERAL DIRECTO Byron	r's signature Kight	ADDRESS Cumberland		D BY REGISTRAR 246 REGUN 4 '58	GISTRAR'S SIGNATURE

		CERTIFICATE	17352	
Competition of	And make		(mavella)	
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	. Brief-berg		Activity Agend Street	-
			News and the	
location and explication is a training				CACAMIN
	E ansert 65			
			low A mamet . To	

M	)	6363 CERTIFIC	CATE OF DEATH Reg. Dist. No. 1	06384
		LACE OF DEATH . COUNTY LLEGANY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY ALLEGANY  ALLEGANY	admission)
	0	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CMBERLAND  5 DAYS		st town)
60		NAME OF HOSPITAL (If not in howARWA CK! AND) OF INSTITUTION MORIAL HOSPITAL-MEMORIAL AVE.	d. STREET ADDRESS e.	IS RESIDENCE ON A FARM? YES NO
		NAME OF First Middle DECEASED Type or print) BABY BOY	SMITH 4. DATE Month Day SMITH DEATH JUNE 26	Year 19 <b>5</b> 8
	S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ MAIF WHITE WIDOWED DIVORCED	TIME 21 LOSS   fost birthdoy)   Months   Dover	
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		WHAT COUNTR
-	13.	HARRY M. SMITH	14. MOTHER'S MAIDEN NAME BETTY JOANN BROOKS	
1	1S. (Yes	no, or unknown)   (If yes, give wor or dates of service)	7. INFORMANT Address MEMORIAL HOSPITAL CUMBERLAND,	MARYLAI
		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	interiors Interiors	VALUETWEEN AND DEATH
		773.5 DUE TO REMARK	tunty 5	-days.
		gove rise to immediate cause (a), stating the under-lying cause last.		
0	CERTIFICATION	PANYIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED? (ES NO 12
		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.)	(Stote)
		21. I certify that I attended the deceased from 6 - 2/	ath accurred at 9:35P M, from the causes and on the date	
		ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or Jown, stole)	DATE SIGNI
		PHYSICIAN'S DR. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Campberland	MI
/				
/	-	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER SURJAL (Specify) 6-28-58 White Oak	"	(Stote)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4

may be retained by the haspital ar attending physician.

TO FUNER CONTRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 standard for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

06385

#### **CERTIFICATE OF DEATH** 6364

. PLACE OF DEATH o. COUNTY					
			2. USUAL RESIDENCE (Who		on: Residence before admission)
	Allegany	MARYLAND	Mary]	and b. COUNTY	Allegany
b. CITY OR TOWN (If or RURAL and give neore	utside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write R	URAL and give nearest town)
Cumberla		55 years	2 Cumberla	and	
d. NAME OF HOSPITAL	(If not in hospital, give str		d. STREET ADDRESS		e. IS RESIDENC
206 Colu	umbia Stree	at	206 Colu	mbia Street	ON A FARM
NAME OF DECEASED	First	Middle	Lost	4. DATE Mor	nth Day Yeor
(Type ar print)	Nola		ith	DEATH June	4 19 5
		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min
Female	1175-5 40	OWED M DIVORCED	Sept 5,1864		
during most of working	(Give kind of work done) I life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUN
Housekeer	er	At home	Penna,		U.S.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
George Se	ellers		Rebecca M	lower	
5. WAS DECEASED EVER II	N U. S. ARMED FORCES? yes, give wor or dates of service!	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress
No	and the second of the second	None 1	Mrs. Ralph B	Ehrbar Cumb	erland. Md
Conditions, if any, gove rise to imm couse (a), stoting the lying cause lost.	DUE TO (c)	NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART I(o) 19. WAS AUTOP
PART II. OTHER	SIPHILICANT CONDITIO		1	6	PERFORMED
PART II. OTHER	Sufis	DESCRIBE HOW INTERS OCCUPRE	D (fater pature of injury)	art Lor Part II of item 18.)	YES NO
20g. ACCIDENT WAS I	UNDERLYING (1) 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 18.)	YES NO
PART II. OTHER  20g. ACCIDENT WAS I OR CONTRIBUTING  (IF EITHER, NOTIFY ME HOUR G. M. M. P. M.	UNDERLYING 1 20b. I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year 20	id. INJURY OCCURRED 20e. PL	ED. (Enter nature of injury in P LACE OF INJURY IHome, form, actory, street, office bldg., etc.	20f. (City or town)	(County) (Str
20c. TIME OF INJURY Hour a. m. p. m.	UNDERLYING 1 20b. I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year 20	id. INJURY OCCURRED 20e. PL fo work of work	LACE OF INJURY IHome, form,	20f. (City or town)	(County) (Sid
20c. TIME OF INJURY Hour a. m. p. m.	UNDERLYING 1 20b.  CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year  19	id. INJURY OCCURRED 20e. PL fo work of work	LACE OF INJURY IHome, form, street, office bldg., etc.	20f. (City or town)	
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that alive on	UNDERLYING 1 20b.  CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year  19	id. INJURY OCCURRED 20e. PL fo hile Not while fo work at work at work and work are seed from.	ACE OF INJURY IHome, form, street, office bldg., etc.	20f. (City or town)	(County) (Steethat I last saw the dece
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that	UNDERLYING 1 20b.  CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year  19	id. INJURY OCCURRED 20e. PL fo hile Not while fo work at work at work and work are seed from.	ACE OF INJURY IHome, form, street, office bldg., etc.	20f. (City or town)	(County) (Steethat I last saw the dece
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that alive on	UNDERLYING 1 20b.  CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year  19	id. INJURY OCCURRED 20e. PL fo hile Not while fo work at work at work and work are seed from.	ACE OF INJURY IHome, form, actory, street, office bldg., etc.	20f. (City or town)	(County) (Steethat I last saw the dece
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	UNDERLYING 1 20b.  I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year 20 William 19 of 1 attended the decomposition of the control of the co	id. INJURY OCCURRED 20e. PL fo hile Not while fo work at work at work and work are seed from.	ACE OF INJURY IHome, form, street, office bldg., etc.  14, 19 48 to 10 to cocurred at 3 cc.  M.D. During	20f. (City or town)	(County) (Start that I last saw the dece and an the date stated ab state) DATE SIG
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that alive on SIGNATURE PHYSICIAN'S NAME (Type)	UNDERLYING 1 20b.  I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year 20 William 19 of 1 attended the decomposition of the control of the co	eased from 3 - 20e. Pl	ACE OF INJURY IHome, form, street, office bldg., etc.  14, 19 48 to 10 to cocurred at 3 cc.  M.D. During	20f. (City or town)  ———————————————————————————————————	(County) (Start that I last saw the dece and an the date stated ab state) DATE SIG

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT O	F HEALTH-BALTIMORE, 1	8
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CEDTIFICATE OF DEATH

06386

091	03 CERTIFICA	AIL OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLA		on: Residence before admission) ALLEGANY
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN TH	As .	utside corporote limits, write RURLAND	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st	reet oddress)	d. STREET ADDRESS POTO	MAC PARK	e. IS RESIDENCE ON A FARM? YES NO P
NAME OF First DECEASED (Type or print) BABY	BOY STEIN	Lost	4. DATE Mont OF DEATH JUNE	
AAAA C' SAATS'C	MARRIED NEVER MARRIED 🔏	B. DATE OF BIRTH  JUNE 8, 1958		Months Dpy Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NONE	10b. KIND OF BUSINESS OR INDU		ND, MARYLAND	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME GEORGE W. STEIN		14. MOTHER'S MAIDEN N. HANNAH E	• GOLLADAY	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown)		MORIAL HOSPIT	AL - CUMBERLAN	
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last.		//		
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CITE EITHER, NOTIFY MEDICAL EXAMINER)				EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in Po	ort 1 or Port II of item 18.)	
Hour o. m.		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County) (Stote)
21. I certify that I attended the decadive on 1. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DR. O. HIMMELT	Levy (14)			nd an the date stated above total DATE SIGNI
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY Porh	22d LOCATION (City, town, o	(Stole)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	DAYE	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

PIARCAD TRADITION CASSEMLARS, MARYLA D HAMMER C. COLLABAY ... , and are no box come of any March School are not the state of any of the state of th M

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6391 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Dist No.

								neg, bi	*** ****	
	PLACE OF DEATH	Allegany		MARYLAND	o. STATE Maj		sed lived. If instit b. COUNT	rv .	nce before o	
1	CITY OR TOWN	It autide corporate limits, wri	to RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside cor	porote limits, write			
		stburg		life	22 Fr	ostburg				
		PITAL OR INSTITUTION	(If not in hos		d. STREET ADDR				(	S RESIDENCE
	NAME OF DECEASED (Type or print)	THOMAS	rst	Middle ALBERT	STOT	4. DATE OF DEATH	2 un	ih .	Doy 2 3	Year 19.58
5. 5	EX	6. COLOR OR RACE	7. MARRIE	D X NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years low birthday)		-	INDER 24 HRS.
	male	white	WIDOWED	DIVORCED	9-29-188	89	68 yrs.	Months	Days Hou	urs Min.
Re	tired m	naintenanc	e - We	st. Md. R.	R. Maj	ryland	country)	7 17 2	J.S.A	AT COUNTRY
13.	FATHER'S NAME	ma	n		14. MOTHER'S MAII					
2.0	John S					ra Davi				
	NO NO	Ilf yes, give wer or dates of		0 00 51.70	Mrs. Nel	lie P.	Stott,		burg	, Md.
	974X Conditions, if gove rise to imm (o), stoting the couse fost,	nediale couse	1	tanging	Ron				_	gia
CERTIFICATION				NTRIBUTING TO DEATH BUT				VEN IN PART		REORMEDS
	PRIMARY OF CAUSE OF DEATH	AUSE WAS ONTRIBUTING []	06. DESCRIBE	HOW INJURY OCCURRED. (	Enter noture of injury i	in Port I or Part II	of Item 18.)			
MEDICAL	20c. TIME OF INJ Hour o. m p. m	1.	While	_ Not while _ foc	ACE OF INJURY (Home lory, atreel, office bldg	o, form, 20f. (City, etc.)	Frost	Coul	nty)	(State)
				emoins described obcourses , Accident			nspection	, Inqu <b>i</b> r		ond in my
	ACTUAL SIGNATURE	Bened	liet	Skitarelie	M.U.	CAL EXAMINER			DAT	TE SIGNED
	EXAMINER'S NAME (Type)	Benedict	Skita	relic	DEPUTY MED	ICAL EXAMINER	x /a	ne,	47	
220	BURIAL CREMAT REMOVAL (Special Burial	10N, 226. DATE THERE	OF 8	F bg . Memor	crematory ial Park		rostbur		Md.	Stote)
23.	FUNERAL DIRECTO			ADDRESS		REC'D BY REGIST		ISTRAR'S SIG		
	J. R.	Durst. Fr	ostbu	rg. Md.	DAT	TE JUN 26	'58 CW	Medi	uch	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNER'S DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 51st coard of Health, or remayor, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# FOR STATE HEALTH DEPT.

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please secute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page should forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reloyed for your files. FUNER. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statement of Phealth, rits designated agent, priar to burial, cremation, ar removal, and is any event within 72 hours after death. 離

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 C3

<b>EDICAL EXAMINER'S</b>	CERTIFICATE	OF DEATH	Reg. Dist. No. 06389
67			Reg. Dist. No. UUJOS

	PLACE OF DEATH D. COUNTY	Allegany	1 2	MARY		2. USUAL RESIDENCE o. STATE Man	(Where deceo	b. COUNT		egar	,
	ond give negrest town) Cumberland	outside corporate limits, wille	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN			RURAL ond	give nec	prest town)
d		Sacred Hea		ospilol, give street oddress	1)	Box 732 M		ge Rd.			e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED	Fire		Middle		Lost	4. DATE OF	Month	,	Day	Yeor
5. 5	Type or print)	LAUR		BELL		TWIGG	DEATH	June	1	2,	19 58
	Female	White	WIDOW	RIED NEVER MARRIED  ED DIVORCED [		July 26, 18	374	9. AGE  In years lost birthday) 83 yrs.	Months [		F UNDER 24 HRS Hours Min.
10a	. USUAL OCCUPATION furing most of working flousewif	life, even if retired)		kind of Business or i	INDUSTRY	Spring (	_			EN OF	WHAT COUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	Amos Dav	is				Sarah I	Little				
15. (Yes.		R IN U. S. ARMED FO		S. SOCIAL SECURITY NO. None		Ruth E. S	Smith R	Address	ox 732	Cum	b. Md.
ATION	Conditions, if on gove rise to immed (o), stoling the u couse lost.	nderlying DUE TO	Arte	cute Cardiac	c Car	diovascula			EN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
CERTIFICATION	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRI	BE HOW INJURY OCCUR	RED. (Ente	er noture of injury in Po	art I or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	Wh		le. PLACE foctory	OF INJURY (Hame, fo , street, office bldg., e	rm, 20f. (City	or lown)	(Caur	nty)	(State)
			latural	remains described causes X. Accid	lent 🗌		Homicide	nspection X, Undete	Inquiry rmined m	anner	and in my
	EXAMINER'S NAME (Type)	Benedict Sl	itar	elic. M.D.		DEPUTY MEDICA			2. 195	58	
220		0, 22b. DATE THEREO		Mt. Pleas				Cumber 1	or county)		(State)
23.	FUNERAL DIRECTOR'S	Signature L. George	Cum1	ADDRESS berland, Md.			C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN		Chick
No. of Street							4		-	14	

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## FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should florwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNER. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Signard of Health, or its designated agent, prior to burial, cremation, or remaral, and in amprovent within 72 hours after death.

VS. ATSME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 640 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06390

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lown) on GIEANS C. LENGTH OF STAY IN 16  LITTLE ORLEANS  LIFETIME	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X LITTLE ORLEANS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  LITTLE ORLEANS	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \( \text{NO.} \)
3. NAME OF First Middle OF CEASED (Type or print) ROBERT RANDOLPH	TWIGG  4. DATE Month Day Year OF DEATH JUNE 28, 19 58
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B.  MALE  WHITE WIDOWED DIVORCED	DATE OF BIRTH  MAY 21, 1913  9. AGE (In years leat birthday) 45 yrs.  If UNDER 1YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired)  POSTMASTER  13. FATHER'S NAME  WARREN L. TWIGG	RY 11. BIRTHPLACE (Stote or foreign country)  CUMBERLAND, MD.  12. CITIZEN OF WHAT COUNTRY  USA  14. MOTHER'S MAIDEN NAME  MYRTLE RICE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Address RS. LENA T. TWIGG, LITTLE ORLEANS, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  UE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  (c)	Sclerosie Selerosie
20g. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	FOR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO Part 11 or Part 11 of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) bry, street, office bldg., etc.)
21. I certify that I took charge of the remains described abort opinion death resulted from: Natural causes , Accident [  ACTUAL B. SETATELLE	
EXAMINER'S NAME (Type) B. SKITARELIC  220. BURIAL (REMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, of county) (Stote)
BURIAL Specify JULY 2, 1958 HILLCREST BU	
JOHN J. HAFER, CUMBERLAND, MARYLAND	DATE 158 O 158

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VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 6368

Reg. Dist. NO 6391

RURAL ond give necrest town)  Cumberland  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Allegany County Infirmary  3. NAME OF DECEASED (Type or print)  Emory  Lloyd  White  5. SEX  Male  6. COLOR OR RACE Whospital White Widowed  100. LUSUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY lib. BIRTHPLACE during most of working life, even if relified)  Retired—Crystal Laundry Worker  13. FATHER'S NAME  Algernom M. White  14. MOTHER'S MA  Sarah  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yest, no., or unknown)  (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT p.  (Yest, no., or unknown)  (If yes, give wor or dates of service)  18. CAUSE OF DEATH [Enter only one cause per line, for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	N (If outside corporate limits, write RURAL and give nearest town)  mborland  RESS  O Maryland Avenue  e. 15 RESIDENCE ON A FARMY YES □ NO □
OR INSTITUTION Allogany County Infirmary  3. NAME OF DECEASED (Type or print)  5. SEX  Male  6. COLOR OR RACE  White  Widdle  Lloyd  White  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if relified)  Retired—Crystal Laundry Worker  13. FATHER'S NAME  Algernom M. White  14. MOTHER'S MA  Sarah  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  (If yes, give wor or dates of vervice)  NO  18. CAUSE OF DEATH [Enter only one cause per line for (0), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	O Montelland Arrange ON A FARMA
DECEASED (Type or print)  Emory  Lloyd  White  5. SEX  Male  6. COLOR OR RACE  White  Widowed  Divorced  B. DATE OF BIRTH  B. DATE OF BIRTH  Divorced  9/30/1  10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY)  11a. BIRTHPLACE  during most of working life, even if refired)  Retired—Crystal Laundry Worker  Virg  13. FATHER'S NAME  Algernom M. White  14. MOTHER'S MA  Sarah  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT P. (19. no. or unknown)  (If yes, give wor or dates of service)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	
Male White WIDOWER DIVORCED 9/30/1  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Retired—Crystal Laundry Worker  13. FATHER'S NAME  Algernom M. White  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  (If yes, give wor or date of service)  16. CAUSE OF DEATH [Enter only one cause per line for (0), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	4. DATE Month Day Year OF DEATH June 21, 1958
Retired—Crystal Laundry Worker  Virg  13. FATHER'S NAME  Algernom M. White  14. MOTHER'S MA  Sarah  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  (If yes, give wor or dates of service)  16. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	877  9. AGE (In years lab birthday) yrs.  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P. (Yes, no. or unknown) (If yes, give wor or dates of service) 214. 05 9026 Allegany  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	inia U.S.A.
(Yes. no. or unknown)  (If yes, give wor or dates of service)  (Yes. no. or unknown)  (If yes, give wor or dates of service)  (Yes. no. or unknown)  (If yes, give wor or dates of service)  (Yes. no. or unknown)  (If yes, give wor or dates of service)  (A 1 1 0 gany)  (B CAUSE OF DEATH [Enter only one cause per line for to), (b), and (c).]  (PART I. DEATH WAS CAUSED BY:	E. Carpenter
PART I. DEATH WAS CAUSED BY:	O. Box 599 Address Cumberland, Mo County Infirmary Records
592 X  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.  (c)  Conditions, if any, which gove rise to immediate cause (b). Stating the under-lying cause last.	terios alerosio ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE	ation PERFORMED?
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	ory in roll correct it or nem 16.3
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work 19	ve, form, 20f. (City or town) (County) (State)
olive on 6/20/58 , 19 , ond that death occurred at 7:	o_6/21/58_, 19, that I last sow the deceased 05A_M, from the causes and on the date stated above ADDRESS (Street, city or lown, state)  PATE SIGNED 1/58
PHYSICIAN'S Dr. James E. McLean Cumb	erland, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) June 24,1958 Hill Crest Cem.	22d. LOCATION (City, town, or county) (Stote) Cumberland, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cumberland, Md. DA	o dillo ci Taria, ma

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FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should flarwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the SIC Soard of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 22-hapters after death. M 6

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6369

Reg. Dist. ND 6392

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
		YLAND	o. STATE Tenn. b. COUNTY						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Cumberland 46hrs.		Newport 79x-3						
^	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street addre	d. STREET ADDRESS e. IS RESIDENCE							
)	Memorial Hospital	Second & C. Sts.							
1	3. NAME OF DECEASED (Type or print) Douglas Lowell		Wilds   4 DATE   Month   16   19 58						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED   8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 14EAR   IF UNDER 24 HRS.						
1	Male White WIDOWED DIVORCED		May 1936 22 yrs. Months Days Hours Min.						
)	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF during most of working life, even if retired)	RINDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Pvt. U.S. Marines Armed Forc	es	Newport. Tenn. U.S.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Jake M. Nilds		Oran McClure						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	). 17, IN	IFORMANT Address						
	(Yes, ne, or unknown) (If yes, give war or dates of service)	1							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).		Mrs. Elizabeth Wilds Newport, Tenn.						
	BART I DEATH WAS CAUSED BY.		ONSET AND DEATH						
	IMMEDIATE CAUSE (o) Maceration	n oi	brain S48 dira.						
$\sqrt{}$	825 X DUE TO								
	Conditions, if ony, which) (b) Skull Frac	ctur	θ						
	gove rise to immediate couse (a), stating the underlying DUE TO								
	couse lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD  200. EXTERNAL CAUSE WAS PRIMARY B or CONTRIBUTING D  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCU		YES NO						
	200. EXTERNAL CAUSE WAS PRIMARY 45 or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCU	JRRED. (E	nter nature of injury in Part I or Part II of item 18.)						
	AGGOMODILO								
		20e. PLAC	E OF INJURY (Home, form, 120f. (City or town) (County) (State)						
	June 14,58 While Not work of work	-	treet Near Romeney, Min. W. Va.						
	21. I certify that I took charge of the remains describe								
	opinion death resulted from: Natural causes , Acci	_	DES 1 / CEL						
	opinion dealifesoned from. Individual courses [], Acco	dem 1	J, Solicide [], Florificide [], Olidelerminied mainter						
	ACTUAL SO STATE OF	12/	CHIEF MEDICAL EXAMINER [7] DATE SIGNED						
	SIGNATURE SELECTION OF MARKET		ASSISTANT MEDICAL EXAMINER						
ř.	EXAMINER'S Benedict Skitarelic, M.I	D.	DEPUTY MEDICAL EXAMINER June 16, 1958						
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEME								
	REMOVAL (Specify)		). T						
	Removal 6/17/1958 Union Co	emete	Newport Tenna    240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE						
			MM 4 0 150   0 / ~ 1						
	Charles L. George Cumberland, M	d.	DATECTIVE 1 9 30 US A SALL						

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	AV (Desirodino	Market Cov. Venes L. Hobbak

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6371 CERTIFICATE OF DEATH

Reg. Dist. No. 06394

1. PLACE OF DEATH a. COUNTY alles any MARYLAND	Maryer Ceregory.					
b. CITY OR TOWN (If existe corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give records town)	c. CITY OR TOWN (If gotside corporate limits, write RURAL and give nomest town)					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TO Dentre	d. STREET ADDRESS  1 10 M, Centre St  10 M FARM?  YES NO DE					
3. NAME OF DECEASED (Type or print) Mary Wareta	long block 4. DATE Month Day Year JEATH June 3 1958					
5. SEY  6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Sept 18, 1905 9. NGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.					
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Sesttebole Pa					
13. FATHER'S MAME 3 eller	anna Fletcher					
15. WAS DICEASED EVER IN U. DIRMED FORCES? (16. NO of shown) (17 yes, give war or dates of service) (17 yes, give war or dates of service)	clan young blood Cumb. MD					
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  HAZO //  DUE TO	Thracellasis Interval Between ONSET AND DEATH					
Conditions, if ony, which gave rise to immediate cause (o), stoting the underly lying cause lost.  (b) Alle C Conditions  (b) Alle C Conditions  (c) Chilles C Conditions  (c) Chilles C Conditions  (d) Alle C C Conditions  (e) Chilles C Conditions  (f) Alle C C C C C C C C C C C C C C C C C C	eles					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
	D. (Enter nature of injury in Part t ar Part tt af item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the feat work of work to the p. m.  19 While Not while at work of work to the p. m.	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)					
21. I certify that I attended the deceased from Section of the deceased fr	n accurred at Diff. M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, stole)  DATE SIGNED  M.D. 44 6 6 14 6 5					
PHYSICIAN'S L.B. Maihers, M.D.	Cecutos faul Ted					
220. BINTAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF REDETERY CO. S. J.	or CREMATORY A. 22d OCATION (City, town, or country) (Stote)					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Levi Inc. Cumb.	M. DATE JUN 9 '58 OU Leaven					

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MARYLAND STATE DEPARTMENT

VS A15ME SM 2/57

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FOR STATE HEALTH DEPT	
build be executed within 24 hours after death. If any detay is necessary, please in pencil in Hem 18. Give Pages 1, 2, and 3 to the functol director. Page inter's Office along with form PM3. Page 5 may be retained for your files. a buriok-tronsit permit. File pages 1 and 2 with the SI coord of Heelth, ar removal, and in any event within 72 hours after death.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	F

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•	1. PLACE OF DEATH d. COUNTY Allegany MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before odmission) o. STATE Marvland b. COUNTY Allegany							
	b. CITY OR TOWN (If outside corporate limits, write BURAL ond give nearest foun)					c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
	Cumberland   1 yr-4 mo.					d. STREET ADDRESS					e. IS RESIDENCE		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Memorial Hospital					/		on Stre	et		ON A FARM?		
		NAME OF DECEASED	First			Middle	0.7	Lost	4. DATE	Mon	th	Day	Year
		Type or print)	Minnie			Elizab	eth	Zehner	DEATH	June		12	19 58
	5. S	EX	6. COLOR OR RACE	7. MARI	RIED 🔲	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years fast birthday)		-	FUNDER 24 HRS.
		emale	White	WIDOW		DIVORCED [		Warch 14,		74 yrs.	Monins	Days I	laurs Min.
)	d	USUAL OCCUPATION of working Housekeen FATHER'S NAME		ane 10b.		home	NDUSTR	Pennsylv	rania	country)		U.	S.
	13.	FATHER'S NAME					115	14. MOTHER'S MAIDEN	NAME				
			B. Erdma					Mary Dim	mick				
	15. (Yes,		R IN U. S. ARMED FOR (If yes, give war or dates of s		6. SOCIAI	SECURITY NO.	17. IN	FORMANT		Addres			
		No			Non		Mr	s. John I	Samm	el Cum	berla	nd,	Warylan
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage										INTERVAL BETWEEN CHISET AND DEATH		
		33/X DUE TO											
	M	Conditions, if an gave rise to immed (a), stating the u	iate cause	Aı	cter	ioscle	rot	ic Vascul	ar Di	sease			
		couse last.	(c)_										
2	ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO NO											
	CERTIFICATION	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) FRIMARY   or CONTRIBUTING   CAUSE OF DEATH.											
	MEDICAL												
		21. I certify th	ot I took charge	of the	remoi	ns described	obov	e, held on Auto	psy 🔼,	Inspection Z	, Inquir	/ K).	and in my
		opinion deoth resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner											
		ACTUAL SIGNATURE	enedict	Sk	tar	ulia)		M.D. CHIEF MEDICAL				(	DATE SIGNED
2	-	EXAMINER'S NAME (Type) B	enedict S	kit	arel	ic, M.	D.	DEPUTY MEDICA					
	220	BURIAL, CREMATION	72b. DATE THEREO	F	22c. N	AME OF CEMETE	RY OR	CREMATORY	22d. LOC	ATION (City, tawn,	or county)		(Slole)
		Burial	6/16/58				mon	t Cemeter		oomsbur	8	Pen	na
	23.	FUNERAL DIRECTOR'S	SIGNATURE			DDRESS		24a. RI	EC'D BY REGI	STRAR 246. REG	FRAR'S SIG	NATURE	
		Ruth E.	Silcox	Cum	berl	and Ma	ryl	end DATE	JUN 1 6	'58 (le	Medi	ch	

Since Since Some - The L 1301, (1, 1014) 18 251 03195 Months of Southern card craft, Finter Simula - I am out - J Canada - 1927 - Annahad Street and and an art of the street of the s STANDARDONE TO THE THE THE MARKET OF STANDARD The first the terminal property of the second